

Gyn | A.ecology *5<sup>th</sup>*  
O | B.stetrics *Year*  
M | C.Q

*Lymph Notes*

## *Index*

<b>Gynecology:</b> .....	2
1. Anatomy & Embryology .....	2
2. Endocrinology .....	10
3. Contraception .....	32
4. General gynaecology .....	37
5. Pelvic floor disorders .....	42
6. Infection & benign conditions of vulva and vagina .....	48
7. Oncology .....	54
8. Miscellaneous .....	65
<b>Obstetrics:</b> .....	67
1. Early pregnancy bleeding .....	67
2. Late pregnancy bleeding .....	76
3. Medical disorders .....	79
4. Normal and abnormal labor .....	91
5. Obstetric complications .....	105
6. Neonatal & fetal complications .....	112
7. Miscellaneous .....	115
End of round exam – 2017 .....	130
Final exam – June 2017 .....	148
Final exam – September 2017 .....	166
First end of round exam – 2018 .....	183
Second end of round exam – 2018 .....	196
Final exam – June 2018 .....	210
Final exam – August 2018 .....	240

## Gynecology:

---

### 1. ANATOMY & EMBRYOLOGY

---

#### 2<sup>nd</sup> End round 2011

**1. The principle supports of the uterus include:**

- a. The iliosacral ligaments
- b. The Piriformis muscle
- c. The transverse cervical ligaments
- d. The infundibulopelvic ligaments
- e. The anterior longitudinal ligament

**Answer: C**

N.B. Same Q in End-year 2012 but different choices:

- a. Sacrospinalis ligaments.
- b. Obturator muscle.
- c. **Transverse cervical ligaments.**
- d. Infundibulo-pelvic ligaments.
- e. Sacrotuberous ligaments.

**2. Which of the following statements are not true?**

- a. The ovary is attached to broad ligaments
- b. The ureter lies beneath the uterine artery
- c. The mucosa of the fallopian tubes is lined by ciliated cells
- d. The pouch of Douglas lies between the bladder & the uterus
- e. The polar body of the oocyte contains 23 chromosomes

**Answer: D**

---

#### End year 2012

**1. All the following are Mullerian in origin EXCEPT: (Bhagia-June 2012)**

- a. Ovaries
- b. Corpus uteri
- c. Oviducts
- d. Upper vagina
- e. Cervix

**Answer: A**

**2. The main sensory supply to the uterus is derived from: (June 2012-June 2016)**

- a. Presacral nerve
- b. Splanchnic nerve
- c. Pampiniform plexus
- d. Pudendal nerve
- e. Hypogastric nerve

**Answer: e**

**3. Factors needed for normal sexual differentiation include the following EXCEPT:**

- a. Normal sex chromosomal pattern in the female
- b. Normal sex chromosomal pattern in the male
- c. Normal testicular function for male development
- d. Normal ovarian function for female sexual development
- e. Responsive male end organs for testicular testosterone

**Answer: D**

**4. Contents of broad ligament include all EXCEPT:**

- a. The ovaries
- b. The ureter
- c. Parametrial lymphatics and lymph nodes
- d. Parametrial pelvic cellular tissue and fascia
- e. Epooophorus

**Answer: A**

---

***1<sup>st</sup> Endround 2013***

**The hymen is the partition that remains between which structures:**

- a. Cloacal membrane and genital tubercle
- b. Sinovaginal bulb and urogenital sinus
- c. Unfused cephalad portions of the two mullerian ducts
- d. None of the above

**Answer: B**

---

***June 2013***

**1. Of Mullerian defects, which has the lowest associated risk of recurrent miscarriage: (June 2013-June 2016)**

- a. Septate uterus
- b. Arcuate uterus
- c. Uterus didelphys
- d. Unicornuate uterus

**Answer: B**

**2. The pathogenesis of poor pregnancy outcomes with a unicornuate uterus is thought to be related to which of the following factors:**

- a. Cervical incompetence
- b. Reduced uterine capacity
- c. Anomalous distribution of uterine artery
- d. All of the above

**Answer: D**

---



June 2016

**1. A longitudinal vaginal septum is least commonly seen with which of the following Mullerian anomalies:**

- a. Septate uterus
- b. Unicornuate uterus
- c. Bicornuate uterus
- d. Uterine didelphys

**Answer: B**

**2. The labioscrotal folds in the embryo give rise to the following EXCEPT:**

- a. Clitoris
- b. Labia minora
- c. Upper vagina
- d. Labia majora

**Answer: C**

**3. Bicornuate uterus might predispose to the following EXCEPT: (June 2016-Sep 2017)**

- a. Recurrent preterm labor
- b. Primary amenorrhea
- c. Recurrent oblique lie
- d. Retention of placenta after delivery

**Answer: B**

**4. Which of the following is not Mullerian in origin:**

- a. Oviducts
- b. Lower vagina
- c. Cervix
- d. Corpus uteri

**Answer: B**

**5. The labia minora lack all EXCEPT:**

- a. Eccrine glands
- b. Hair follicles
- c. Apocrine glands
- d. Sebaceous glands

**Answer: A**

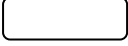
---


## ASSESSMENT ALGORITHMS

---

In assessment algorithms you have to FULLFILL THE DEFINITION OF THE CASE FIRST before applying the scheme.


-The color code (which won't probably be available in a black & white printed copy!!):

\*  Black rounded rectangle = History & examination

\*  Green rounded rectangle = Investigation

\*  Black Rectangle = Diagnosis

\*  Red rectangle = Management (ttt)

\*  Circle = Continue next page

The scheme is arranged from history & clinical examination to less invasive investigation to more invasive & expensive investigations & from more to less common (as much as possible!).

Although US is now available in many clinical settings that it may not be considered as an investigation, it is considered an investigation in this scheme.

The general steps of any algorithm are

1-Fullfil the conditions stated by the definition of the case before applying the scheme

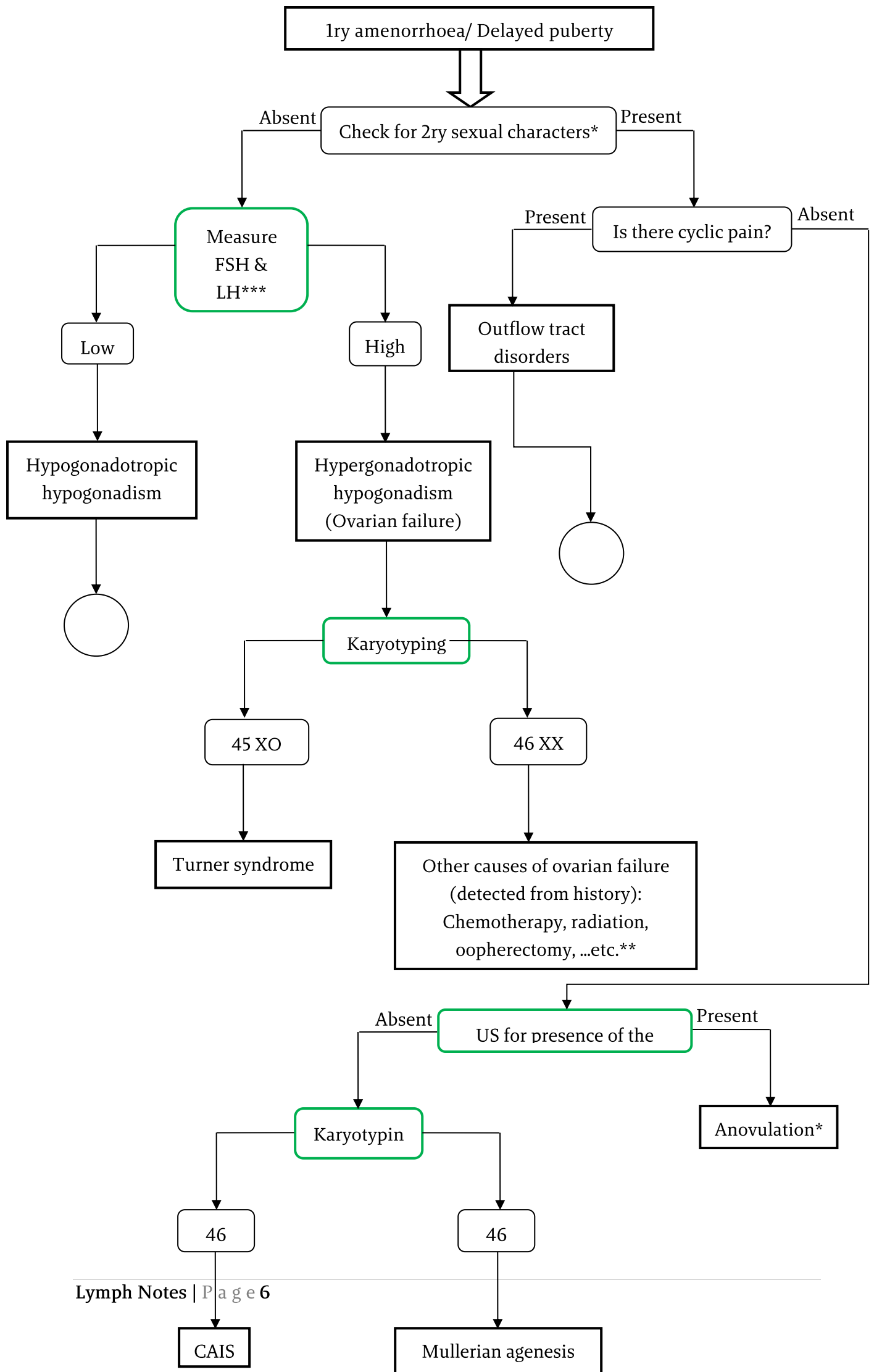
2-Exclude physiological causes if present

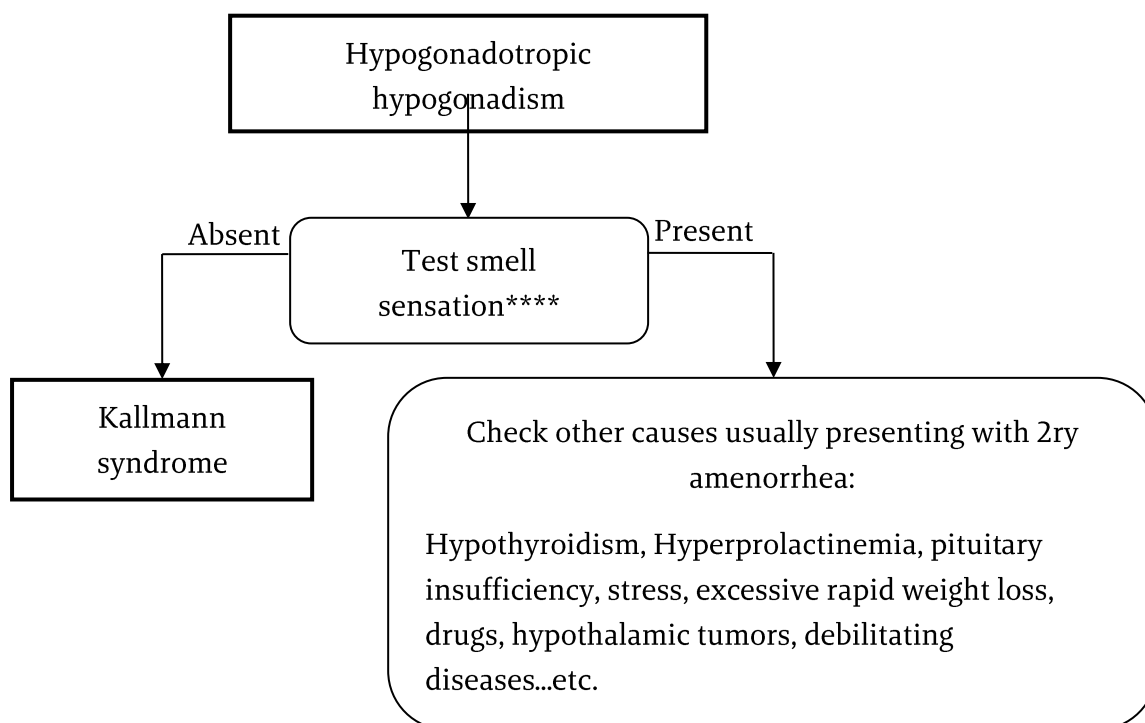
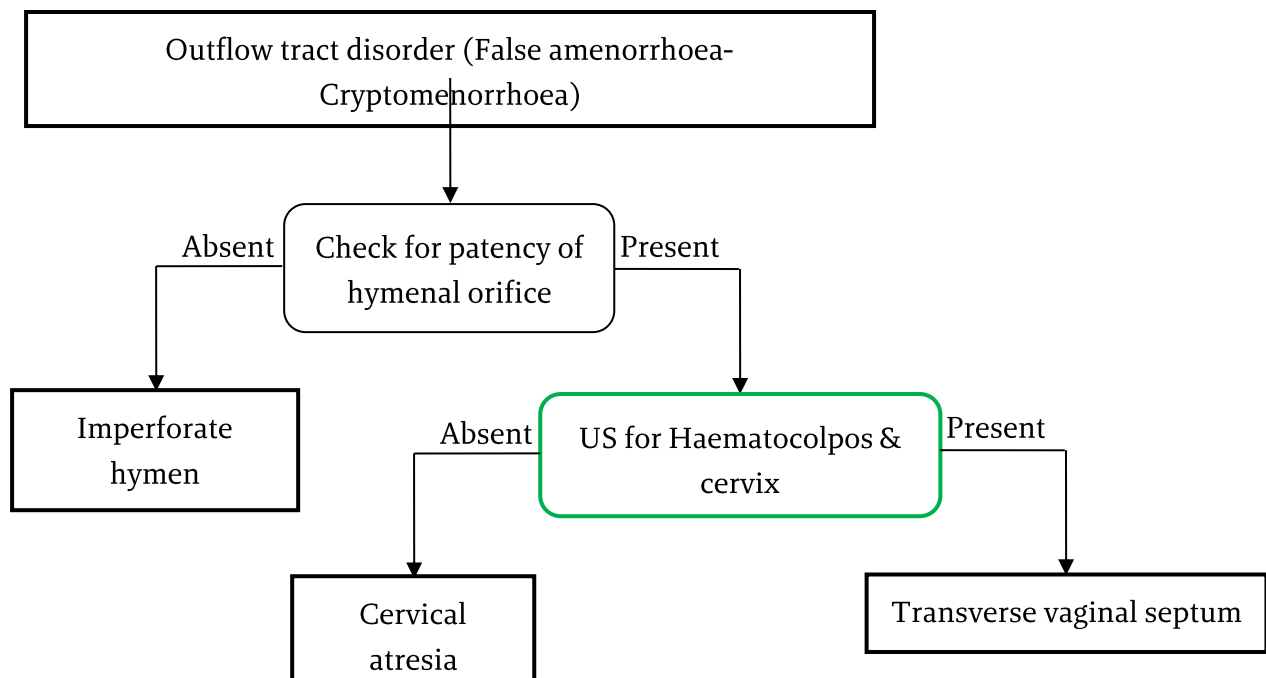
2-Assess the level of the lesion

3-Differentiate between conditions causing the same case at the same level starting by the most common or the less expensive/invasive management.

Now, let the game of mind begin!

**[More algorithms are found in the collections note]**





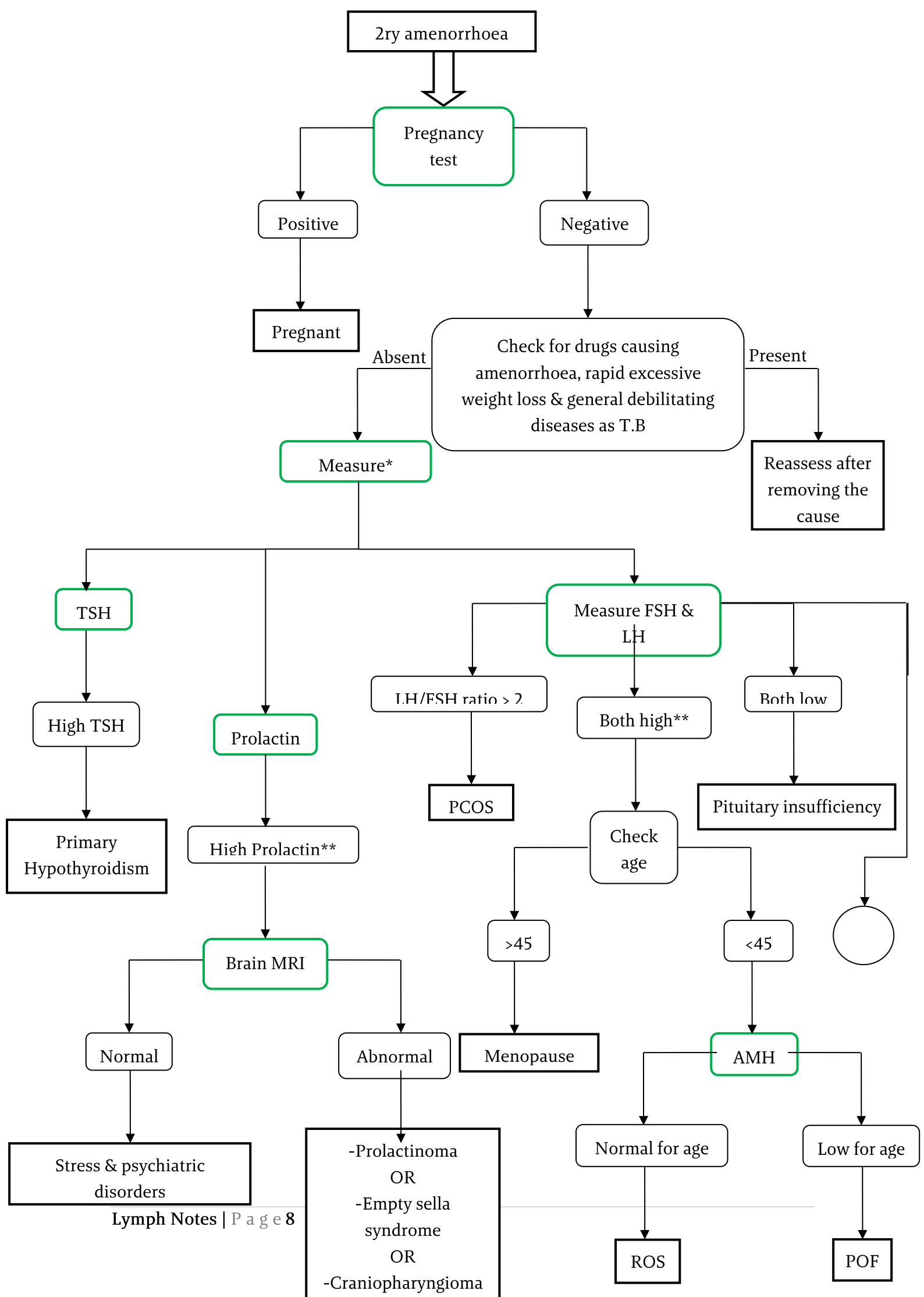
\*The sparse axillary & pubic hair with the presence of all other 2ry sexual characters = CAIS

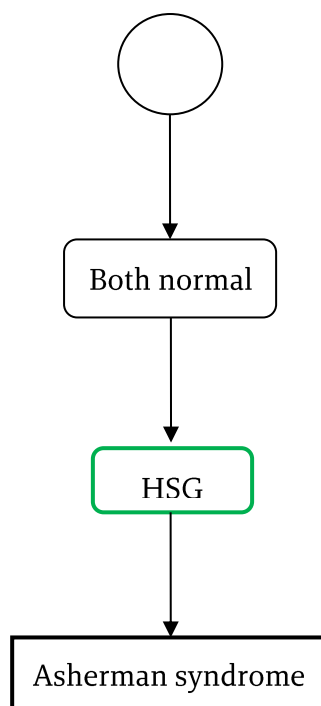
\*\*Anovulation & other causes of ovarian failure usually present with 2ry and not 1ry amenorrhoea e.g. PCOS, POF, ROS...etc.

\*\*\*High FSH =  $\text{FSH} > 20 \text{ mIU/ml}$

Low FSH =  $\text{FSH} < 5 \text{ mIU/ml}$

\*\*\*\*You must exclude other causes of anosmia as common cold, polyp, fractured cribriform plate, neuritis, tumor compressing olfactory bulb.





\*Diagnosis is done from Lt to Rt (don't proceed to the next (Rt) section except if the preceding (Lt) one is normal)

i.e. A patient with hypothyroidism will have hyperprolactinemia so treat hypothyroidism first before proceeding to hyperprolactinemia assessment.

\*\*Prolactin > 100 ng/ml suggests prolactinoma

Each condition may present with a characteristic clinical feature:

Hyperprolactinemia → Galactorrhoea

PCOS → Hirsutism + Obesity + Infertility

Asherman syndrome → History of T.B endometritis or D&C

Sheehan's syndrome (a cause of pituitary insufficiency) → Severe Postpartum He

Prolactinoma or empty sella syndrome → Symptoms of increased ICT as blurred vision, headache,..etc.

Menopause → Hot flushes

---

## 2. ENDOCRINOLOGY

---

(Physiology-Amenorrhea-Puberty-Menopause-infertility –Anovulation-Menstrual disturbances)

June 2010

**1. Hyperprolactinemia may clinically present by one or more of the following EXCEPT:**

- a. Breast pain and tenderness
- b. Dysmenorrhea
- c. Menstrual disorders
- d. Infertility due to anovulation
- e. Galactorrhea

**Answer: B**

**2. Treatment of hirsutism may include the following EXCEPT:**

- a. Progesterone only contraceptive pills
- b. Cyproterone acetate
- c. Corticosteroids
- d. Spironolactone
- e. Cimetidine

**Answer: A**

**3. One of the following is not correct regarding primary dysmenorrhea:**

- a. Reassurance is an integral part of management
- b. Symptoms are related to release of prostaglandins
- c. Is more common in young nulliparous women
- d. Symptoms start 3<sup>rd</sup> day after the onset of menses
- e. Onset is usually 2-3 years after menarche

**Answer: D**

**4. Luteal phase defect is associated with all of the following EXCEPT:**

- a. Short cycles
- b. Hypoprolactinemia
- c. Biphasic body temperature chart with short luteal phase
- d. Endometrial biopsy showing weak secretory changes
- e. Low mid luteal progesterone levels

**Answer: B**

**5. Investigations of a case of hirsutism include the following EXCEPT:**

- a. Hormonal assay for DHAS
- b. CT or MRI on the pituitary gland
- c. Pelvic ultrasound
- d. IVP and abdominal ultrasound
- e. Hysteroscopy

**Answer: E**

**6. The primary management of postmenopausal bleeding is:**

- a. Hysterectomy
- b. Cervical cone biopsy
- c. Endometrial biopsy
- d. Laparoscopy
- e. Hysteroscopy

**Answer: C**

**7. Osteoporosis secondary to menopause:**

- a. Affects primarily the bones of the skull
- b. Is associated with imbalance between osteoclasts and osteoblasts in the bone
- c. Is easily detected because it symptomatizes early in menopause
- d. Cannot be diagnosed EXCEPT by MRI
- e. Can be prevented by long term low dose of corticosteroids

**Answer: B**

**8. The following surgical treatment of amenorrhea is correct EXCEPT:**

- a. Cruciate incision for imperforate hymen
- b. Excision of transverse septum in cases of cryptomenorrhea
- c. Reconstruction of functional neovagina in cases of vaginal agenesis
- d. Reconstruction of functional neovagina in cases with testicular feminization syndrome before marriage
- e. Gonadectomy in patients with y containing gonads

**Answer: D**

**9. Pituitary insufficiency causing secondary amenorrhea can be managed by:**

- a. Intramuscular gonadotropin therapy (HMG/hCG) for induction of ovulation as a primary treatment to regain normal menstrual cycle
- b. Cyclic combined hormone replacement therapy (HRT) to establish regular menstrual cycle
- c. IM Gonadotropin therapy (HMG/hCG) only in cases proved to be fertile
- d. Corticosteroid therapy in an interrupted pattern
- e. Only progesterone therapy for 2 weeks every month

**Answer: B**

**10. The most common cause of secondary amenorrhea is:**

- a. Menopause
- b. Pregnancy
- c. Prolonged lactation
- d. Ovarian failure
- e. Sheehan's syndrome

**Answer: B**

**11. Secondary amenorrhea is cessation of menstruation:**

- a. More than 3 months
- b. More than 6 months
- c. More than 9 months
- d. More than one year
- e. More than 2 years



**Answer: B**

**12. Anterior pituitary disorders causing amenorrhea include the following EXCEPT:**

- a. Pituitary microadenoma
- b. Pituitary insufficiency
- c. Empty sella syndrome
- d. Emotional stress and psychological disturbance
- e. Prolactinomas

**Answer: D**

*[That's a hypothalamic disorder]*

**13. In luteal phase vaginal cytology, the following are detected EXCEPT:**

- a. Intermediate cells with rolled edges
- b. Many lymphocytes
- c. Maturation index 0-70-30
- d. Maturation index 0-30-70
- e. Basophilic cytoplasm

**Answer: D**

**14. Regarding Ashermann syndrome one of the following is not correct:**

- a. May follow delivery or abortion
- b. Galactorrhea is a characteristic symptom and sign
- c. Can lead to infertility
- d. Can lead to recurrent abortion
- e. Is diagnosed and treated by hysteroscopy

**Answer: B**

**15. Normal pubertal changes start by the age of:**

- a. 7-8 years
- b. 8-9 years
- c. 10-11 years
- d. 11-12 years
- e. 6-7 years

**Answer: B**

**16. Menopause is:**

- a. A partial cessation of menstruation between the age of 48-52
- b. Retrospectively defined when cessation of menses continues for one year after last menstrual period
- c. The few years that precedes cessation of menstruation
- d. Due to decreased levels of FSH to levels that cannot stimulate further ovulation
- e. Due to the block of feedback between ovarian hormones and pituitary hormones

**Answer: B**

**17. The premenstrual syndrome:**

- a. Causes are well known to be due to drug reactions
- b. Up to 70% of severe cases have an underlying psychiatric disorder
- c. Is a mild disease and never interfere with patient's regular life style
- d. Treated by induction of ovulation

- e. Iron therapy may improve many cases

**Answer: B**

**18. Which disorder is an example of hypothalamic amenorrhea:**

- a. Sheehan's syndrome
- b. Cushing syndrome
- c. Resistant ovary syndrome
- d. Asherman's syndrome
- e. Kallman's syndrome

**Answer: E**

*[Amenorrhea + Anosmia]*

**19. The most common benign condition causing post menopausal bleeding is:**

- a. Atrophic vaginitis
- b. Cervical polyp
- c. Myomas
- d. Endometrial hyperplasia
- e. Cervical erosion

**Answer: A**

**20. In Anorexia Nervosa the following statements are correct EXCEPT:**

- a. Patients may have bulimia (induced vomiting)
- b. Is an excessive weight gain with primary amenorrhea
- c. Is an excessive weight loss with secondary amenorrhea
- d. It may affect 1% of young women
- e. Needs reassurance and psychological support

**Answer: B**

**21. Obesity may be associated with:**

- a. Polycystic ovarian disease
- b. Use of hormone releasing IUD
- c. Spasmodic dysmenorrhea
- d. An increased risk of cervical cancer
- e. Uterine fibromyoma

**Answer: A**

**22. Anovulatory menstrual cycles are characterized by the following EXCEPT:**

- a. Being irregular with periods of oligomenorrhea
- b. Dysfunctional uterine bleeding
- c. Association with menstrual pain
- d. Monophasic BBT
- e. May be association with hirsutism

**Answer: C**

*1<sup>st</sup> endround 2011*

**1. The functions of mid-cycle LH surge include the following EXCEPT:**

- a. Enhances thecal cell androgen production
- b. Luteinizes granulosa cells
- c. Produces luteolysis
- d. Initiates resumption of meiosis
- e. Facilitates oocyte expulsion

**Answer: C**

**2. The normal vaginal pH is:**

- a. 2-3.
- b. 4-5.
- c. 6-7.
- d. 8-9.
- e. 10-11.

**Answer: B**

**3. Primary dysmenorrhea is characterized by:**

- a. Symptoms are related to release of prostaglandins
- b. Is more common in multiparous women
- c. Symptoms start 2 days before the onset of menses
- d. Onset occurs with menarche
- e. Bilateral lower abdominal colicky pain

**Answer: A**

**4. Contact bleeding is not characterized by one of the following:**

- a. May occur with fibroid polyp extruding through the cervix
- b. May occur with cervical erosion
- c. May occur with cervical carcinoma
- d. Is usually associated with pelvic pain
- e. Usually requires a cervical smear

**Answer: D**

**5. Regarding dysfunctional uterine bleeding (DUB):**

- a. Is a diagnosis of exclusion
- b. Menorrhagia is only the cause in only 10% of cases
- c. May be diagnosed at early pregnancy
- d. Always caused by hidden pathology
- e. Treated best by hysterectomy

**Answer: A**

**6. Causes of primary amenorrhea include:**

- a. Pregnancy
- b. Menopause
- c. Asherman syndrome
- d. Transverse vaginal septum
- e. Premature ovarian failure

**Answer: D**

**7. Polycystic ovarian disease is characterized by all of the following EXCEPT:**

- a. Elevated LH level
- b. Elevated testosterone levels
- c. Oligohypomenorrhea or amenorrhea
- d. Dyspareunia
- e. Insulin resistance and hyperinsulinemia

**Answer: D**

**8. Clomiphene citrate:**

- a. Is a non steroidal agent
- b. Regarding benefits versus risks, its empirical use is justified
- c. Increases prolactin level
- d. Serious side effects are commonly encountered
- e. May be used to treat ovarian cysts

**Answer: A**

**9. Human menopausal gonadotropins (HMG):**

- a. Are extracted from blood of menopausal females "*urine*"
- b. Is the drug of choice for induction of ovulation in patients with PCO "*CC*"
- c. Unlike purified FSH, its administration does not require monitoring by serial ultrasonography
- d. May result in ovarian hyperstimulation
- e. Human chorionic gonadotropin is usually given before HMG to induce follicular rupture

**Answer: D**

---

*2<sup>nd</sup> endround 2011*

**1. One of the following is correct regarding the follicular phase of the menstrual cycle:**

- a. The granulosa cells produce androstenedione and testosterone
- b. The endometrial glands become straight
- c. Oestradiol inhibits the production of LH at the end of the follicular phase
- d. The theca cells produce oestradiol and secrete follicular fluid
- e. The nucleus of the oocyte contains 23 chromosomes

**Answer: B**

**2. In an infertile woman, endometrial biopsy reveals proliferative changes. Which hormone should be preferred:**

- a. Medroxy Progesterone acetate
- b. Desogestrel
- c. Danazol
- d. Cyproterone acetate
- e. None of the above

**Answer: E**

*[Infertile should not be given a contraceptive]*

**3. During the evaluation of a 30 year old female complaining of infertility, a hysterosalpingogram showed evidence of Asherman syndrome. Which one of the following symptoms would you expect this patient to have:**

- a. Oligomenorrhea
- b. Menorrhagia
- c. Metrorrhagia
- d. Hypomenorrhea
- e. Dysmenorrhea

**Answer: D**

**4. In an amenorrheic patient who has had pituitary ablation for craniopharyngioma, which of the following regimens is most likely to result in an ovulatory cycle:**

- a. Clomiphene citrate(CC)
- b. Pulsatile infusion of GnRH
- c. Continuous infusion of GnRH
- d. Human menopausal or recombinant gonadotropin
- e. Human menopausal or recombinant gonadotropin followed by hCG

**Answer: E**

*[The patient has hypothalamic cause of anovulation so, can't be managed with CC or GnRH analogues (pulsatile manner) & continuous GnRH suppresses ovulation]*

*[Human menopausal or recombinant gonadotropin alone will stimulate follicular proliferation but wouldn't cause ovulation unless followed by hCG.]*

**5. Your patient is 43 years old and is concerned that she may be too close to menopause to get pregnant. You recommend that her gonadotrophin levels be tested. Which is the best day of the menstrual cycle to check:**

- a. Day 3
- b. Day 6
- c. Day 14
- d. Day 21
- e. Day 26

**Answer: A**

---

**End round 2012**

**1. Clomiphene therapy is most specific for the induction in patients with**

- a. Sheehan syndrome
- b. Turner syndrome
- c. Kallmann syndrome
- d. Hypothalamic hypogonadotropism
- e. Simmond's disease

**Answer: B**

**2. Dysfunctional uterine bleeding is most often caused by:**

- a. Tumors
- b. Endocrine disorders
- c. Inflammation
- d. Pregnancy

- e. Adrenal cortex

**Answer: B**

**3. Vaginal bleeding at the time of ovulation is thought to be due to :**

- a. Increase in progesterone
- b. Decrease in estrogen
- c. Follicular hemorrhage
- d. Implantation
- e. Passage of ovum

**Answer: B**

**4. Failure of withdrawal bleeding following estrogen to an amenorrheic woman indicates:**

- a. Uterine factor
- b. Ovarian factor
- c. Pituitary factor
- d. Hypothalamic lesion
- e. Ovarian tumor

**Answer: A**

**5. Clinical findings of PCOD include the following EXCEPT:**

- a. Obesity
- b. Oligomenorrhea
- c. Amenorrhea
- d. Infertility
- e. Tall stature

**Answer: E**

**6. Subnuclear vacuoles in the endometrial mucosa are evidence of the activity of:**

- a. Cholesterol
- b. Progesterone
- c. Pregnandiol
- d. Androstendione
- e. Estrogen

**Answer: B**

**7. Turner's syndrome (karyotype 45-xo) is associated with the following EXCEPT:**

- a. Abnormal breast development
- b. Infantile lymphedema
- c. Increased incidence of bone fracture
- d. Coarctation of aorta
- e. Secondary amenorrhea

**Answer: E**

**8. A 32 year old woman presents to the gynecologic clinic with infrequent periods. A hormone profile is done and all of the following are considered with polycystic ovarian syndrome EXCEPT:**

- a. Increased androgen levels
- b. Normal FSH
- c. Elevated estrone

- d. Decreased LH
- e. Low progesterone levels

**Answer: D**

---

*End year 2012*

**1. Which of the following is not correct regarding anorexia nervosa:**

- a. Patients may have bulimia
- b. There is excessive weight loss
- c. Primary amenorrhea is usually present
- d. It may affect 1% of young women
- e. Needs reassurance and psychological support

**Answer: C**

**2. Which of the following is the most certain method to determine that ovulation has occurred:**

- a. Basal body temperature
- b. Pregnancy
- c. Increase in LH
- d. Thick cervical mucus
- e. Endometrial biopsy

**Answer: B**

**3. The follicular phase of ovarian cycle is characterized by:**

- a. Increasing amounts of E1
- b. Progesterone dominance
- c. Associated proliferative endometrium
- d. Fixed length of 8 days
- e. Reduction in aromatase activity

**Answer: C**

**4. All the following are possible causes of menorrhagia, EXCEPT:**

- a. Submucous uterine myomas
- b. Adenomyosis uteri
- c. Pelvic inflammatory disease
- d. Endometrial hyperplasia

**Answer: C**

**5. Gonadal dysgenesis is treated with:**

- a. Thyroid extract
- b. Cortisone
- c. Estrogen
- d. Progesterone
- e. Dexamethasone

**Answer: C**

**6. Turner syndrome does not include:**

- a. Growth retardation
- b. Cubitus valgus

- c. Webbed neck
- d. Mature secondary sex organs
- e. Ovarian dysgenesis

**Answer: D**

**7. During evaluation of infertility in a 25-year-old female, A hysterosalpingogram showed evidence of Ashermann syndrome. Which of the following symptoms do you expect the patient to have:**

- a. Hypomenorrhea
- b. Oligomenorrhea
- c. Menorrhagia
- d. Metrorrhagia
- e. Dysmenorrhea

**Answer: A**

**8. Luteal phase cervical mucus changes include the following, EXCEPT:**

- a. Scanty
- b. Thick viscid
- c. Absent leucocytes
- d. Negative Ferning test
- e. Negative Spinnbarkeit test

**Answer: C**

**9. Luteal phase vaginal cytology include the following EXCEPT:**

- a. Intermediate cells with rolled edges
- b. Eosinophilic cytoplasm
- c. Vesicular nucleus
- d. Many lymphocytes
- e. Maturation index 0-70-30

**Answer: B**

**10. True isosexual precocious puberty may associate the following, EXCEPT:**

- a. Glioma
- b. Meningitis
- c. Empty sella syndrome
- d. Head trauma
- e. Primary hypothyroidism

**Answer: E**

*[As in Primary hypothyroidism, elevated TSH may induce FSH production]*

**11. Risk factors for osteoporosis include all EXCEPT:**

- a. Delayed menopause
- b. Heavy smoking
- c. Increased caffeine consumption
- d. Lack of exercise
- e. Low body weight

**Answer: A**



**12. Contraindications of hormone replacement therapy include the following EXCEPT:**

- a. Suspected breast cancer
- b. Known breast cancer
- c. History of DVT
- d. Active liver disease
- e. Obesity

**Answer: E**

**13. Hyperinsulinemia leads to the following EXCEPT:**

- a. Increased sensitivity of ovarian theca cells to LH
- b. Increased LH-induced androgen production by the uterus
- c. Increased aromatase enzyme activity
- d. Decreased production of SHBG
- e. Increased free androgen substrate

**Answer: C**

**14. Laboratory findings in PCOs include the following, EXCEPT:**

- a. Normal FSH
- b. LH/FSH ratio of  $> 2$
- c. Elevated levels of plasma E2
- d. Elevated levels of plasma androstenedione
- e. Elevated levels of plasma free testosterone

**Answer: C**

**15. Which of the following is correct regarding inhibin:**

- a. A peptide produced by granulosa cells
- b. It enhances FSH production
- c. Attenuates LH-induced androgen synthesis
- d. Promotes follicular development
- e. Induces LH surge

**Answer: A**

**16. Which of the following is not correct regarding Clomiphene citrate:**

- a. Has anti-estrogenic properties
- b. May be started with a 50 mg daily dose
- c. Is useful in hypergonadotrophic amenorrhea
- d. May cause cervical mucus hostility
- e. May result in multiple pregnancies

**Answer: C**

---

*1<sup>st</sup> endround 2013*

**1. Meiosis I of the oocyte is completed at the following times:**

- a. Birth.
- b. Puberty.
- c. Ovulation.
- d. Fertilization.

**Answer: C**

*[Oocytes are arrested at Prophase I till ovulation. After ovulation it is arrested in Metaphase II till fertilization]*

**2. The last step in estrogen synthesis requires which of the following enzymes:**

- a. Aromatase.
- b. 5-alpha reductase.
- c. 21-hydroxylase.
- d. 11 B-hydroxylase.

**Answer: A**

**3. Regarding turner's syndrome (45X):**

- a. There is only one nuclear chromatin (barr body).
- b. There is an increased risk of spontaneous abortion in affected embryos.
- c. There is increased incidence with increased maternal age.
- d. No germ cells are present during intrauterine development.

**Answer: D**

**4. What is the first line of treatment for a pituitary macroadenoma:**

- a. Radiation therapy.
- b. Dopamine agonist therapy.
- c. Trans-sphenoidal resection.
- d. Somatostatin agonist therapy.

**Answer: B**

*[Surgery and gamma knife are reserved for Failure of Medical ttt and macro adenomas with CNS pressure symptoms]*

**5. Polycystic ovarian disease is characterized by the following EXCEPT:**

- a. Positive progesterone withdrawal bleeding.
- b. Anovulation.
- c. Elevated sex hormone binding globulin.
- d. Sub-fertility.

**Answer: C**

**6. Which of the following is not correct regarding ovarian hyperstimulation syndrome:**

- a. Can be diagnosed clinically and by US.
- b. The ovaries will be very small in size and having unilateral cyst.
- c. The patient may need admission to intensive care unit.
- d. Patients with PCO have increased risk.

**Answer: B**

**7. A primary goal of therapy for central precocious puberty includes prevention of which of the following consequences:**

- a. Short stature.
- b. Excessive breast size.
- c. Learning disabilities.
- d. None of the above.

**Answer: A**

June 2013

**1. Which of the following potentiates the release of prolactin from the anterior pituitary gland:**

- a. Dopamine
- b. Thyrotropin-releasing hormone
- c. Gonadotropin-releasing hormone
- d. Corticotropin-releasing hormone

**Answer: B**

**2. All EXCEPT which of the following are anterior pituitary hormones:**

- a. Prolactin
- b. Growth hormone
- c. Thyrotropin releasing hormone
- d. Follicle stimulating hormone (FSH)

**Answer: C**

**3. Which of the following hormones "rescues" the corpus luteum from luteolysis:**

- a. Luteinizing hormone (LH)
- b. Human placental lactogen (hPL)
- c. Follicle stimulating hormone (FSH)
- d. Human chorionic gonadotropin (hCG)

**Answer: D**

**4. Reduction in secretion of which of the following hormones is most likely responsible for the rising serum follicle-stimulating hormone (FSH) level seen as a woman ages:**

- a. Activin
- b. Inhibin
- c. Estradiol
- d. Follistatin

**Answer: B**

**5. A 5-year-old girl suffers from precocious puberty. Gonadotropin levels are low, even following gonadotropin-releasing hormone (GnRH) infusion stimulation testing. However, estrogen levels are elevated. Which of the following could be a cause of her disorder:**

- a. Primary hypothyroidism
- b. Ovarian granulosa cell tumor
- c. Congenital adrenal hyperplasia
- d. All of the above

**Answer: B**

**6. Which of the following generally occurs first among the major developmental events of female puberty:**

- a. Menarche
- b. Pubarche
- c. Thelarche
- d. Peak height velocity

**Answer: D**

**7. A 48-year-old woman presents with intermenstrual bleeding for 2 months and episodes of bleeding occurring any time in the cycle. There is no associated pain. Differential diagnosis for intermenstrual bleeding does not include:**

- a. Cervical malignancy
- b. Endometrial polyp
- c. Ovarian teratoma
- d. Atrophic vaginitis

**Answer: C**

**8. Which of the following terms describe cyclic menstrual pain without identifiable associated pathology:**

- a. Adenomyosis
- b. Primary dysmenorrhea
- c. Secondary dysmenorrhea
- d. Menstrual outlet obstruction

**Answer: B**

**9. A 28-year-old nulligravida presents with primary amenorrhea. She is diagnosed with 46, XY gonadal dysgenesis. During pelvic laparoscopy, what is the expected finding:**

- a. Streak gonads and male internal genitalia
- b. Streak gonads and female internal genitalia
- c. Empty pelvis (no gonads or internal genitalia)
- d. Bilateral abdominal testes and male internal genitalia

**Answer: C**

**10. A 20-year-old nulligravid female presents with primary amenorrhea. During examination, Tanner stage IV breast development and sparse pubic and axillary hair are noted. Also, a blind-ending vagina is identified. What is the likely diagnosis in this patient:**

- a. Mullerian agenesis
- b. Premature ovarian failure
- c. Androgen insensitivity syndrome
- d. Congenital adrenal hyperplasia (CAH)

**Answer: C**

**11. What is the expected testosterone level in a patient with Mullerian agenesis:**

- a. Male level
- b. Female level
- c. Not measurable
- d. Significantly elevated (> 1000 ng/dl)

**Answer: B**

**12. A 20-year-old female is diagnosed with gonadal dysgenesis, and her karyotype reveals 45, X/46, XY mosaicism. Laparoscopy is performed for which of the following reasons:**

- a. Gonadectomy due to increased risk of malignant transformation in retained gonads
- b. Oophoropexy due to increased rate of torsion
- c. Endometriosis ablation due to increased rate of endometriosis
- d. None of the above

**Answer: A**

**13. In which of the following patients is a karyotype most likely needed:**

- a. 22-year-old with amenorrhea and hirsutism
- b. 25-year-old with amenorrhea and elevated prolactin level
- c. 20-year-old with amenorrhea and no Mullerian structures on sonography
- d. 16-year-old with amenorrhea and a persistently elevated FSH level of 80 mIU/ml

**Answer: D**

**[TURNER!]**

**14. In PCOs, increased testosterone production from the ovaries is secondary to stimulation by which of the following hormones:**

- a. Inhibin
- b. Estradiol
- c. Luteinizing hormone (LH)
- d. Follicle-stimulating hormone (FSH)

**Answer: C**

**15. Which of the following is least likely true of basal body temperature testing in adult female:**

- a. Can be an insensitive test in many women
- b. With ovulation, the temperature rises roughly 0.5°C
- c. It is an inexpensive and easy test for ovulation monitoring
- d. Once the temperature rises, a patient should expect ovulation in the next 12 hours

**Answer: D**

**16. Which of the following hormones is the most effective in converting vellus hair to terminal hair:**

- a. Testosterone
- b. Androstenedione
- c. Dihydrotestosterone
- d. Dehydroepiandrosterone (DHEA)

**Answer: C**

**17. In treatment of PCOs with combination oral contraceptives, which one of the following is the effect of the progesterone component:**

- a. Reduces FSH production
- b. Increases LH production
- c. Antagonizes androgen receptors
- d. Reduces ovarian androgen production

**Answer: D**

**18. Which of the following medications can be added to improve clomiphene citrate response in women with PCOS:**

- a. Dihydroepiandrosterone (DHEA)
- b. Insulin
- c. Metformin
- d. Progesterone

**Answer: C**

**19. In the evaluation of ovarian function, the following laboratory tests are helpful EXCEPT:**

- a. Cycle day 3 inhibin level
- b. Cycle day 3 estradiol level
- c. Random anti-Mullerian hormone level
- d. Cycle day 3 follicle-stimulating hormone (FSH) level

**Answer: B**

**20. Which of the following is the gold standard technique for tubal evaluation:**

- a. Hysterosalpingography
- b. Laparoscopic evaluation
- c. Saline infusion sonography
- d. Magnetic resonance imaging

**Answer: B**

**21. Uses of sonography in evaluation and treatment of infertility include which of the following:**

- a. Endometrial cavity evaluation
- b. Monitoring of folliculogenesis in normal and stimulated cycles
- c. Demonstration and characterization of congenital uterine anomalies
- d. All of the above

**Answer: D**

**22. Compared with clomiphene citrate therapy, gonadotropin therapy has which of the following characteristics:**

- a. Higher ovulation rate
- b. Lower multiple pregnancy rates
- c. Lower ovarian hyperstimulation rate
- d. Greater negative effect on the endometrium

**Answer: A**

**23. Which of the following is least likely required in the treatment of ovarian hyperstimulation syndrome: (June 2013-June 2014)**

- a. Oophorectomy
- b. Paracentesis
- c. Fluid resuscitation
- d. Thromboembolism prophylaxis

**Answer: A**

---

**June 2014**

**1. Which of the following is the most common cause of precocious puberty in females:**

- a. Adrenal tumor.
- b. Ovarian tumor.
- c. Idiopathic.
- d. Functional ovarian cyst.

**Answer: C**

**2. Which of the following is correct regarding Inhibin:**

- a. It enhances FSH production.
- b. Attenuates LH-induced androgen synthesis.
- c. Promotes follicular development.
- d. A peptide produced by granulosa cells.

**Answer: D**

**3. Clinical features of Turner's syndrome include the following EXCEPT:**

- a. Cubitus varus.
- b. Low-set ears.
- c. Hypoplastic nails.
- d. Naevi.

**Answer: A**

**4. The following may result in true IPCP EXCEPT:**

- a. Glioma.
- b. Encephalitis.
- c. Empty sella syndrome.
- d. Granulosa cell tumor.

**Answer: D**

**5. Which of the following is a recognized long-term consequence of the polycystic ovary syndrome:**

- a. Increased risk of hypertension.
- b. Increased risk of osteoporosis.
- c. Increased risk of cervical cancer.
- d. Increased risk of deep vein thrombosis.

**Answer: A**

**6. The following are recognized side effects of clomiphene citrate EXCEPT:**

- a. Menorrhagia.
- b. Amenorrhea.
- c. Abdominal discomfort.
- d. Breast tenderness.

**Answer: A**

**7. In diagnosing Mullerian anomalies, which of the following tools is the most accurate:**

- a. Hysterosalpingography.
- b. Saline infusion sonography.
- c. Magnetic resonance imaging.
- d. 2-D transvaginal sonography.

**Answer: A**

**8. Features of Turner's syndrome (45, X) include all EXCEPT:**

- a. Coarctation of the aorta.
- b. Cystic hygroma.
- c. Lymphoedema.
- d. Hot flushes.

**Answer: D**

**9. Clomiphene citrate is considered the 1<sup>st</sup> line treatment of choice for ovulation induction in:**

- a. Hypothalamo-pituitary failure.
- b. Anorexia nervosa.
- c. Primary hypothyroidism.
- d. Polycystic ovarian syndrome.

**Answer: D**

**10. A gonadotropin-releasing hormone (GnRH) test is useful in differential diagnosis of the following pubertal conditions EXCEPT: (June 2014- June 2016)**

- a. True precocious puberty.
- b. Granulosa cell ovarian tumor.
- c. Hypothalamic amenorrhea.
- d. Hypopituitarism.

**Answer: B**

*[Pulsatile administration of GnRH in precocious puberty → Elevated FSH & LH = functioning pituitary = central  
in amenorrhea (whether hypothalamic or hypopituitary) → No elevation of FSH & LH]*

*This test has been used in the diagnosis of central precocious puberty (CPP) and in the differentiation of CPP from other causes of precocious puberty. In early childhood, the hypothalamic-pituitary-gonadal axis is inhibited, delaying the onset of reproductive maturity. Puberty occurs as increased secretion of GnRH by the hypothalamus produces an increase in pituitary secretion of gonadotropins. Gonadotropin response, especially that of luteinizing hormone (LH), to exogenous GnRH is markedly enhanced after the onset of puberty. A pubertal response has been defined as an LH level after GnRH stimulation >8 IU/L]*

*Granulosa cell ovarian tumor is detected by US before doing this test so it won't be included in the D.D]*

**11. Reduction in secretion of which of the following hormones is most likely responsible for the rising serum FSH level seen as a woman ages:**

- a.  $\Delta$  4-Androstenedione.
- b. Inhibin.
- c. 17- $\beta$  estradiol.
- d. Progesterone.

**Answer: B**

*[So, FSH will be elevated in post menopausal women on estrogen therapy, as there is no inhibin, it is the inhibin that decrease FSH & not the estrogen]*

**12. Causes of primary amenorrhea include all EXCEPT:**

- a. Rokitansky syndrome.
- b. Sheehan syndrome.
- c. Kallmann syndrome.
- d. Turner syndrome.

**Answer: B**

*[Cause Secondary amenorrhea]*



**13. Hyperinsulinemia is associated with the following EXCEPT:**

- a. Increased sensitivity to LH.
- b. Decreased aromatase enzyme activity.
- c. Decreased SHBG level.
- d. Increased E2 production.

**Answer: D**

*[Increased EI]*

**14. Which of the following is not correct regarding ovarian drilling:**

- a. Decreases FSH secretion.
- b. Decreases ovarian androgen production.
- c. May result in peritubal adhesions.
- d. May lead to premature ovarian failure.

**Answer: A**

**15. The following drugs will suppress androgen synthesis EXCEPT: (June 2014-June 2016)**

- a. Corticosteroids.
- b. Spironolactone.
- c. Cimetidine.
- d. Combined E/P pills.

**Answer: C**

**16. Post-menopausal estrogen therapy causes increase in:**

- a. Cholesterol.
- b. Triglycerides.
- c. VLDL.
- d. LDL.

**Answer: A**

**17. A 52-year-old obese female has begun on combined monophasic estrogen/progesterone replacement therapy (HRT) 8 months earlier for treatment of severe hot flushes and now returns to you with a complaint of intermittent vaginal bleeding. What is your next step in management:**

- a. She should be referred for a pelvic ultrasound.
- b. She should be reassured that this is a normal side effect of HRT.
- c. She should have a dosage of her therapy decreased.
- d. She should have a pelvic examination and Pap smear.

**Answer: A**

*[To assess endometrial thickness for the fear of EC]*

**18. A 16-year-old girl, whose pubertal breast changes commenced about 4 years ago, has had episodes of lower abdominal pain lasting about 3 days each month for the last 12 months. She has not yet had her first period. Abdominal examination, when she is not in pain, shows no evidence of suprapubic mass or tenderness. Blood tests have shown she is ovulating. Which one of the following developmental abnormalities is most likely the patient has:**

- a. Imperforate hymen.
- b. Transverse vaginal septum.
- c. Mullerian agenesis.

- d. A uterus obstructed at the level of the cervix.

**Answer: A**

---

*June 2016*

**1. The main cause of dysfunctional uterine bleeding is:**

- a. Endometrial hyperplasia
- b. Dysgerminoma
- c. Cervical polyps
- d. Endometritis

**Answer: A**

**2. Which of the following best describes irregular, prolonged, and heavy menstrual bleeding:**

- a. Menorrhagia
- b. Metrorrhagia
- c. Menometrorrhagia
- d. Oligomenorrhea

**Answer: C**

**3. Primary dysmenorrhea:**

- a. Characteristically starts at the age of menarche
- b. Could be treated effectively with the combined pills
- c. Could result from partial obstruction of a uterine horn in a bicornuate uterus
- d. Could be effectively treated by dilation of the cervix

**Answer: A**

**4. Hyperinsulinemia leads to the following EXCEPT:**

- a. Increased sensitivity of ovarian theca cells to LH
- b. Increased LH-induced androgen production by ovaries
- c. Increased aromatase enzyme activity
- d. Decreased production of SHBG

**Answer: C**

**5. Absolute contraindication of hormone replacement therapy include the following EXCEPT:**

- a. Undiagnosed vaginal bleeding
- b. Active gallbladder disease
- c. Coronary artery disease
- d. Venous thrombosis

**Answer: B**

**6. Expected changes during the perimenopause include the following EXCEPT:**

- a. Rising FSH levels
- b. Increased serum inhibin-B levels
- c. Progressive shortening of menstrual cycle length
- d. Increasing incidence of luteal phase defects

**Answer: B**

**7. Features of untreated Turner syndrome (45, X) include:**

- a. Low serum gonadotropin levels
- b. Low serum estrogen levels
- c. Hot flushes
- d. Increased incidence of gonadal malignant tumors

**Answer: B**

**8. Which of the following is not a feature of Asherman syndrome:**

- a. Galactorrhea
- b. Infertility
- c. May follow delivery or abortion
- d. Symptoms include amenorrhea

**Answer: A**

**9. Ovarian dysgenesis is associated with elevation of the following hormone:**

- a. FSH
- b. Estriol
- c. Pregnandiol
- d. Progesterone

**Answer: A**

**10. Empty sella syndrome is characterized by:**

- a. Secondary amenorrhea
- b. Hypoprolactinemia
- c. Hirsutism
- d. Rudimentary ovaries

**Answer: A**

**11. In Turner syndrome:**

- a. A chromosomal structure of 45 XY is characteristic
- b. Secondary amenorrhea is usual
- c. Ovaries are rudimentary
- d. Ovaries are multicystic

**Answer: C**

**12. Which of the following hormones is thought to play a major role in ovarian hyper-stimulation syndrome:**

- a. Progesterone
- b. Luteinizing hormone
- c. Human chorionic gonadotropin
- d. Follicle-stimulating hormone

**Answer: C**

**13. Besides infertility, luteal phase defect is most commonly associated with:**

- a. Vaginal dryness
- b. Early miscarriage
- c. Mastalgia
- d. Streak ovaries

**Answer: B**

**14. Which of the following is least likely required in treatment of ovarian hyperstimulation syndrome:**

- a. Fluid aspiration through cul de sac
- b. Fluid resuscitation
- c. Termination of pregnancy
- d. Anti-coagulants

**Answer: A**

*[Aspiration of ascites is helpful to decrease the respiratory distress since the ascites impairs the diaphragm descent but that of cul de sac is not.*

*Termination of pregnancy (occurring after ET) is useful as it will increase the amount of hCG (secreted by the fetus) worsening the condition]*

**15. Development of axillary and pubic hair in the pubertal chain, is stimulated by androgen which is derived from:**

- a. Adrenal glands
- b. Ovarian stroma
- c. Peripheral estrogen aromatization
- d. All of the above

**Answer: A**

**16. Large amount of alkaline phosphatase maybe demonstrated in the endometrium of:**

- a. Decidua
- b. Late secretory phase
- c. Proliferative phase
- d. Early secretory phase

**Answer: C**

*[Alkaline phosphatase activity is markedly stimulated by estrogen which is responsible for the proliferative phase]*

**17. Which of the following is the endometrial layer that is shed with every menstrual cycle:**

- a. Basalis layer
- b. Decidual layer
- c. Luteinized layer
- d. Functional layer

**Answer: D**

**18. Gonadotropin-releasing hormone is released in a pulsatile fashion from:**

- a. Pineal body
- b. Ovarian follicle
- c. Pituitary gonadotropes
- d. None of the above

**Answer: D**

**19. Which of the following is the most biologically active naturally occurring estrogen:**

- a. Estriol
- b. Estrone
- c. Estetrol
- d. 17 beta-estradiol

**Answer: D**

---

## 3. CONTRACEPTION

---

June 2010

**1. The first step to locate a missing string IUD is:**

- a. To sound the uterus
- b. Abdominal/pelvic X ray
- c. MRI
- d. Hysteroscopy
- e. Laparoscopy

**Answer: A**

**2. Regarding the progesterone only pill, one of the following is not correct:**

- a. A large proportion of women using it will ovulate
- b. Ideally it should be taken at a fixed time per day
- c. Contraindicated in lactated women
- d. It affects mainly the cervical mucus
- e. Should be used continuously irrespective of the menstrual cycle

**Answer: C**

---

1<sup>st</sup> endround 2011

**Regarding emergency contraception the following is correct EXCEPT:**

- a. It means protecting women from unwanted pregnancy following unprotected sexual intercourse or contraceptive failure
- b. Can be achieved by oral intake of any contraceptive pills in high dose for five days after intercourse
- c. Can be achieved by oral intake of single dose of 1.5 mg levonorgestrel pill
- d. Can be achieved by inserting copper intrauterine device within 120 hours following intercourse
- e. Oral intake of a contraceptive method, as an emergency, does not provide contraceptive cover for the remainder of the cycle

**Answer: B**

*[3 days not 5]*

---

2<sup>nd</sup> endround 2011

**1. Absolute contraindication of combined oral contraceptive pills includes the following EXCEPT one:**

- a. Thromboembolic disease
- b. History of thrombo-embolic disease
- c. Coronary heart disease
- d. Age above 35 years
- e. Pregnancy

**Answer: D**

*[Age above 35 is a relative contraindication]*

**2. In an intrauterine pregnancy of approximately 10 weeks gestation is confirmed in a 30-year old G3P2 woman with an IUD in place. On examination the string of the IUD is noted to be protruding from the cervical os. Which of the following is the most appropriate course of action:**

- a. Leave the IUD in place without any other treatment
- b. Leave the IUD in place and continue prophylactic antibiotics throughout pregnancy
- c. Remove the IUD immediately
- d. Terminate the pregnancy because of the high risk of infection
- e. Perform a laparoscopy to rule out a heterotopic ectopic pregnancy

**Answer: C**

---

**June 2012**

**1. Which is not an absolute contraindication for combined for combined pills**

- a. Thrombophlebitis
- b. History of DVT
- c. Coronary heart disease
- d. Stroke
- e. History of liver disease

**Answer: E**

**2. Non contraceptive benefits of combined COCs include all the following EXCEPT:**

- a. Treatment of DUB
- b. Postponing next menstruation
- c. Less risk for PID
- d. Less risk for cervical carcinoma

**Answer: D**

---

**End year 2012**

**1. First step to locate a missing-string IUD is:**

- a. To sound the uterus
- b. Abdominal pelvic x-ray
- c. Vaginal U/S
- d. Hysteroscopy
- e. Laparoscopy

**Answer: C**

**2. Which of the following actions combined contraceptive pills has:**

- a. Reduce risk of endometrial cancer
- b. Increase risk of ovarian cancer
- c. Reduce risk of breast cancer
- d. Reduce risk of cervical cancer
- e. Worsen endometriosis

**Answer: A**

**3. Absolute contraindications of combined oral contraceptive pills include the following EXCEPT:**

- a. Thrombo-embolic disease
- b. Carcinoma of the breast
- c. Coronary heart disease
- d. Smoking
- e. Pregnancy

**Answer: D**

---

***1<sup>st</sup> endround 2013***

**A 25 year old patient presents for contraceptive counseling, she requests that an IUD be inserted. Which of the following is recognized contraindication to the insertion of an IUD:**

- a. Pelvic inflammatory disease
- b. Previous pregnancy with an IUD
- c. Cervical conization
- d. Chorioamnionitis in previous pregnancy

**Answer: A**

---

***June 2013***

**1. A 35-year-old woman comes requesting long-term reversible contraception. You advise that the method that can provide the longest protection is:**

- a. Contraceptive implants
- b. Copper intrauterine device
- c. Depo-Provera injection
- d. Intrauterine hormonal system

**Answer: B**

**2. Which of the following contraceptive methods is generally contraindicated in adolescents (age less than 21 years):**

- a. Vaginal ring
- b. Intrauterine devices
- c. Combined oral contraceptive pills
- d. None of the above

**Answer: D**

**3. Your patient delivered a healthy infant 2 weeks ago and wishes to initiate use of a contraceptive method during the next few weeks. She is breastfeeding exclusively. For which of the following is there strong evidence that use decreases the quantity and quality of breast milk:**

- a. Progestin-only pills
- b. Despot medroxyprogesterone acetate
- c. Combination hormonal contraceptives
- d. None of the above

**Answer: C**

**4. Which of the following explanations have been suggested as the etiology for abnormal uterine bleeding with use of the IUD:**

- a. Malposition of the device
- b. Unbalanced ratio of prostaglandins and thromboxane
- c. Increased endometrial vascularity, congestion and degeneration
- d. All of the above

**Answer: D**

---

*June 2014*

**1. Absolute contraindications for IUD use include all EXCEPT:**

- a. Pregnancy
- b. Unexplained vaginal bleeding
- c. Significantly distorted uterine anatomy
- d. Women with a history of breast cancer

**Answer: D**

*[Absolute CI for OCP]*

**2. The following conditions are absolute contraindications to taking the combined oral contraceptive pill EXCEPT:**

- a. Strong family history of ischemic heart disease
- b. Severe thrombotic disease
- c. Impaired liver function
- d. Benign breast neoplasm

**Answer: A**

**3. With a copper IUD, side effects may often include:**

- a. Acne
- b. Weight gain
- c. Uterine bleeding
- d. Functional ovarian cysts.

**Answer: C**

**4. Contraindications to IUD use include:**

- a. Smoker
- b. Adolescent
- c. Multiple sexual partners
- d. All of the above

**Answer: B**

**5. DMPA is administered in which dosage and by what route:**

- a. 100 mg subcutaneously, each month
- b. 150 mg intramuscularly, every 12 weeks
- c. 150 mg subdermal implant, every 3 years
- d. All of the above

**Answer: B**



*June 2016*

**1. To locate a non palpable impenon implant, which modality is preferred:**

- a. Sonography
- b. Fluoroscopy
- c. Radiography
- d. CT scanning

**Answer: A**

**2. The following condition is an absolute contraindication to taking combined oral contraceptive pill:**

- a. Carcinoma of the breast
- b. History of hypertension
- c. Cholestasis with pregnancy
- d. Gallbladder stones

**Answer: A**

---

---

## 4. GENERAL GYNAECOLOGY

---

### [Fibroid-Endometriosis]

June 2010

**1. In red degeneration of a myoma, all of the following are correct EXCEPT:**

- a. It is due to thrombosis of blood vessels of the capsule
- b. Commonly occurs during pregnancy
- c. Is a state of incomplete necrosis from which the tumor is capable of recovery
- d. Management is essentially surgical
- e. Clinically the tumor becomes enlarged, tender with acute abdominal pain

**Answer: D**

**2. Complications of fibroid include the following EXCEPT:**

- a. Infection
- b. Red degeneration
- c. Malignant transformation into carcinoma
- d. Rarely intraperitoneal hemorrhage
- e. Recurrent abortion

**Answer: C**

**3. Regarding endometriosis one of the following is not correct:**

- a. It is the presence of functioning endometrial glands without stroma outside the endometrial cavity
- b. Dysmenorrhea and dyspareunia are common presentations
- c. Some lesions may be visible by the naked eye
- d. Pelvic examination may reveal no abnormality
- e. The definitive diagnosis is at laparoscopy

**Answer: A**

*[The correct statement is WITH stroma]*

---

1<sup>st</sup> endround 2011

**1. One is NOT correct regarding calcification in a fibroid:**

- a. Is more common after menopause
- b. Starts at the periphery of the tumor
- c. Is premalignant
- d. Appears in X-ray as well as ultrasonography
- e. Due to deposition of calcium phosphate and carbonate

**Answer: C**

**2. The commonest secondary change in uterine fibroids is:**

- a. Sarcomatous change
- b. Myxomatous degeneration
- c. Necrobiosis
- d. Hyaline degeneration

- e. Calcification

**Answer: D**

**3. Asymmetrical enlargement of the uterus is present in one of the following:**

- a. Localized adenomyosis
- b. Metropathia hemorrhagica
- c. Pyometra
- d. Pregnancy in a rudimentary horn
- e. Uterine sarcoma

**Answer: A**

**4. Regarding cervical polyps, all of the following are correct EXCEPT one:**

- a. May cause post coital bleeding
- b. The most common type is mucous polyps
- c. Usually they arise from the cervical canal
- d. They are usually precancerous
- e. Cervical polyps should be subjected to histopathological examination

**Answer: D**

---

**End round 2012**

**1. Interstitial uterine myomas most often cause menorrhagia due to :**

- a. Secondary degeneration
- b. Rupture into endometrial cavity
- c. Pressure necrosis
- d. Inhibition of uterine contractility
- e. Prolapse

**Answer: D**

**2. Disadvantages of myomectomy include the following EXCEPT**

- a. Intraoperative bleeding
- b. Persistent menorrhagia
- c. Early menopause
- d. Pelvic adhesion
- e. Rupture of the scar in subsequent pregnancy

**Answer: C**

**3. The most common symptom associated with adenomyosis is :**

- a. Infertility
- b. Menorrhagia
- c. Hematometra
- d. Dyspareunia
- e. Metrorrhagia

**Answer: B**

---

*June 2012*

**1. Symptoms of uterine myomas include all EXCEPT:**

- a. Irregular cycles with hypomenorrhea
- b. Easy fatigue resulting from anemia
- c. Heavy bleed with normal cycle length
- d. Dysmenorrhea
- e. Pelvic congestion symptoms

**Answer: A**

**2. The following are complications of fibroid in pregnancy EXCEPT: (June 2012-June 2016)**

- a. Malpresentation
- b. Placenta accreta
- c. Vasa previa
- d. Necrobiosis
- e. Dysfunctional labor

**Answer: C**

**3. Causes of symmetrical enlargement of uterus include the following EXCEPT:**

- a. Pregnancy
- b. Metropathia hemorrhagica
- c. Single interstitial fundal fibroid
- d. Localized adenomyosis
- e. Pyometra

**Answer: D**

**4. Regarding cervical myomas, patients may present with the following, EXCEPT:**

- a. Symptomless
- b. Deep dyspareunia
- c. Retention of urine
- d. Loin pain
- e. Excessive menstrual blood loss

**Answer: E**

**5. Uterine myomas are characterized by which of the following:**

- a. Whorled appearance on cut section
- b. Surrounding myometrium is paler than the tumor tissue
- c. Pseudo capsule is a part of the tumor
- d. Van Geison stain colors the muscle cells pink and fibrous tissue cells yellow
- e. Abundant mitotic figures

**Answer: A**

*[Von Geison stain is a collagen stain which colors the fibrous tissue pink]*

---

*1<sup>st</sup> endround 2013*

**1. Which of the following factors decreases the risk for development of leiomyomas:**

- a. Early menarche
- b. Cigarette smoking.
- c. Elevated body mass index (BMI)

- d. Polycystic ovarian syndrome (PCOS)

**Answer: B**

*[Smoke → "Estrogen burners" → Gyn: Lower risk for EC & EH and any disease related to hyperestrogenemia, higher risk for Cx cancer and early menopause. Obs: Higher risk for Abortions, PTL, Accidental Hge, ectopic pregnancy (ciliary dysfunction) and lower risk for Preeclampsia]*

**2. Endometrial polyps are:**

- a. Usually due to retained placental tissue.
- b. Always seen to reflect the cyclic changes of endometrium
- c. Often associated with malignancy to postmenopausal patients
- d. Seen mostly in patients using birth control pills

**Answer: C**

**3. Which of the following is not correct regarding calcification that occurs in myomas:**

- a. Due to deposition of calcium salts along the blood vessels
- b. Occurs in recently developed myomas
- c. May be diffuse giving a "woob stone" appearance on plain x-ray
- d. Is common after menopause

**Answer: B**

**4. Which of the following manifestations is most likely encountered during the physical examination of the patients with endometriosis:**

- a. Tenderness to lower abdominal palpation
- b. Endocervical polyp during speculum examination
- c. Powder burn lesions on the cervix during speculum examination
- d. Uterosacral ligament nodularity during bimanual examination

**Answer: D**

*[Tenderness on PV and bimanual examination. Not abdominal]*

---

**June 2013**

**1. All EXCEPT which of the following are appropriate medical treatments for adenomyosis:**

- a. Copper intrauterine device
- b. Combination oral contraceptives (COCs)
- c. Non-steroidal anti-inflammatory drugs (NSAIDs)
- d. Levonorgestrel-releasing intrauterine system (LNG-IUS)

**Answer: A**

**2. Persistence of endometriosis is directly dependent on which of the following hormones:**

- a. Estrogen
- b. Testosterone
- c. Progesterone
- d. Androstenedione

**Answer: A**

**3. All EXCEPT which of the following are danazol side effects:**

- a. Hirsutism

- b. Hot flushes
- c. Voice deepening
- d. Breast hypertrophy

**Answer: D**

---

**June 2014**

**1. Complications of fibroids include the following EXCEPT:**

- a. Infection.
- b. Endometrial carcinoma.
- c. Recurrent abortion.
- d. Chronic inversion of uterus.

**Answer: B**

**2. A 35-year-old nulliparous woman planning a pregnancy present with menorrhagia. She is married for 2 years and tried for pregnancy over last 6 months. Investigations reveal Hb 8.1 g/dL, U/S shows 9 X 10 cm interstitial fibroid. In spite of medical management, she is still symptomatic. Which is the best treatment option:**

- a. Uterine artery embolization.
- b. Endometrial ablation.
- c. TAH + BSO.
- d. Myomectomy.

**Answer: D**

---

---

## 5. PELVIC FLOOR DISORDERS

---

### [Prolapse-Urinary incontinence-Fistulas]

*June 2010*

**1. Etiology of urinary stress incontinence includes one of the following:**

- a. Post menopausal weakness and atrophy of the pelvic fascia
- b. Posterior vaginal wall prolapse
- c. Improper use of urinary catheter
- d. Repeated urinary tract infection
- e. Inguinal hernia

**Answer: A**

**2. Classical repair is composed of:**

- a. Anterior Colporrhaphy
- b. Anterior Colporrhaphy and shortening of the Mackenrodt's ligaments
- c. Anterior Colporrhaphy and posterior Colpoperineorrhaphy
- d. Anterior Colporrhaphy and amputation of the cervix
- e. Anterior Colporrhaphy and posterior Colpoperineorrhaphy with amputation of the cervix

**Answer: C**

**3. Predisposing factors of stress urinary incontinence include one of the following:**

- a. Postmenopausal weakness of pelvic fascia
- b. Posterior vaginal wall prolapse
- c. Surgery in the portio vaginal cervix
- d. Mistakes in introducing urinary catheter
- e. Following urinary tract infection

**Answer: A**

---

*2<sup>nd</sup> endround 2011*

**1. An enterocele is best characterized by which of the following statements:**

- a. It is not a true hernia
- b. It is a herniation of the bladder floor into the vagina
- c. It is a prolapse of the uterus and the vaginal wall outside the body
- d. It is a protrusion of the pelvic peritoneal sac and vaginal wall into the vagina
- e. It is a herniation of the rectal and vaginal wall into the vagina

**Answer: D**

**2. Second degree uterine prolapse:**

- a. Is diagnosed when two fingers could be approximated at the base of the prolapsed mass at the introitus
- b. Is diagnosed when cervix lies below the level of the ischial spines
- c. Always associated with supravaginal elongation of the cervix
- d. Occurs in multiparous and nulliparous females
- e. Corresponds to second degree retroversion

**Answer: D**

**3. Regarding acute inversion of the uterus, one of the following is not correct:**

- a. It should not occur if the third stage of labor is managed appropriately
- b. It should alert suspicion of abnormal adherence of the placenta
- c. If the placenta is attached, it should be removed immediately
- d. It can be replaced by the hydrostatic method
- e. The uterus should be replaced as soon as uterine inversion occurs

**Answer: C**

---

**End round 2012**

**Manchester repair for genital prolapse includes the following EXCEPT:**

- a. Anterior colporrhaphy
- b. Posterior colpoperineorrhaphy
- c. Kelley's suture
- d. Shortening of the transverse cervical ligaments
- e. D& C

**Answer : C**

---

**June 2012**

**1. Urodynamic parameters of normal bladder function include the following, EXCEPT:**

- a. Residual urine after voiding > 50 ml
- b. Detrusor pressure filling < 15 cm H<sub>2</sub>O
- c. Absence of cystolic detrusor contractions
- d. First desire to void at 150 – 200 ml
- e. Strong desire to void at 400 – 600 ml

**Answer: A**

**2. Which of the following is not correct regarding Manchester (Fothergill's) operation:**

- a. Performed for cases having supravaginal elongation of cervix
- b. It is a bloody operation
- c. Vaginal hysterectomy is an essential step
- d. May lead to infertility
- e. May lead to cervical dystocia

**Answer: C**

**3. Backache caused by gynecological lesions is characterized by the following EXCEPT:**

- a. Diffuse
- b. Situated in midline
- c. Bilateral
- d. Its level is sacral or lumbosacral
- e. Associated with localized tenderness

**Answer: E**

**4. Which of the following is not a common site for endometriosis:**

- a. Bone
- b. Ovaries



- c. Uterosacral ligaments
- d. Peritoneum
- e. Oviduct

**Answer: A**

---

***1<sup>st</sup> endround 2013***

- 1. When the uterus has its cervix presenting at the level of ischial spine, it is spoken of as:**
- a. First degree uterine prolapse
  - b. Second degree uterine prolapse
  - c. Third degree uterine prolapse
  - d. None of the above

**Answer: D**

***[If the external os was meant]***

- 2. Which of the following is not correct regarding pelvic organ prolapse:**
- a. Prolapse of the pouch of douglas is called an enterocele
  - b. Vaginal hysterectomy and repair represent the treatment of choice for procidentia in a patient fit for theatre
  - c. Ring pessaries rest within the posterior fornix and over the symphysis pubis
  - d. An enterocele contains large bowel

**Answer: C**

***[Small bowel not large]***

- 3. A patient sustained a laceration of the perineum during delivery, it involved the muscles of perineal body and the anal sphincter. Such a laceration would be classified as:**
- a. First degree
  - b. Second degree
  - c. Third degree
  - d. Fourth degree

**Answer: C**

- 4. Cystometric parameters of normal bladder filling include the following EXCEPT:**
- a. Residual urine after voiding < 50 ml
  - b. Detrusor pressure filling < 15 cm H<sub>2</sub>O
  - c. Absence of systolic detrusor contractions
  - d. First desire to void at 400 ml

**Answer: D**

---

***June 2013***

- 1. Your patient, who underwent hysterectomy 3 months age, complains of urine leakage through her vagina. You suspect she has developed a vesico-vaginal fistula. Which of the following radiologic tests is the most appropriate to order in her evaluation:**
- a. Intravenous pyelography
  - b. Voiding cystourethrography
  - c. Computed tomography of the pelvis
  - d. Positive pressure urethrography

**Answer: A**

**2. In developed countries, urethrovaginal fistulas are most commonly attributed to which of the following:**

- a. Obstetric trauma
- b. Pelvic infection
- c. Prior hysterectomy
- d. Prior urethral diverticulectomy

**Answer: D**

**3. Which of the following is the symptom that is reliably associated with prolapse and usually worsens as prolapse progresses:**

- a. Pelvic pain
- b. Constipation
- c. Anal incontinence
- d. Sensation of pelvic pressure

**Answer: D**

**4. Compared with reconstructive procedures for prolapse correction, Le Fort's colpocleisis generally has which of the following characteristics:**

- a. Technically more difficult
- b. Requires greater operative time
- c. Reserved for sexually active women
- d. None of the above

**Answer: D**

**5. When the uterus has its cervix presenting below the level of ischial spine and the vaginal vault is at the level of ischial spine, this condition is spoken of as:**

- a. First degree uterine prolapse
- b. Second degree uterine prolapse
- c. Third degree uterine prolapse
- d. Congenital elongation of the cervix

**Answer: D**

---

***June 2014***

**1. The following are recognized causes of urinary incontinence EXCEPT:**

- a. Overflow incontinence
- b. Immobility
- c. Urethral caruncle
- d. Urinary tract infection

**Answer: C**

**2. Uterine prolapse may be best managed during pregnancy by:**

- a. Vaginal pessary
- b. Abdominal sacro-colpopexy
- c. Bed rest in Trendelenburg position
- d. Laparoscopic elevation of round ligaments

**Answer: A**

**3. A 72-year-old P3 comes to your office for check-up examination. She has no complaints. On examination, you note a grade 2 prolapse of her uterus. The patient is aware of it but is not complaining. What is your 1<sup>st</sup> step:**

- a. Do nothing unless patient becomes symptomatic
- b. Prescribe oxybutynin to prevent urinary obstruction symptoms
- c. Try to convince patient to undergo surgical correction
- d. Give the patient a pessary in order to reduce the uterus back to place

**Answer: A**

**4. A 36-year-old G2P2 reports that since her last delivery, 2 years ago, she has leakage of urine when changing position from lying to standing and when she coughs.**

**Occasionally, she has to urinate urgently but cannot make it to the bathroom in time and loses urine. She denies dysuria. What is your plan:**

- a. Treat empirically with antibiotics for a UTI
- b. Schedule the patient for a laparoscope Burch colpo-suspension
- c. Perform urodynamic testing to evaluate the bladder performance
- d. The condition is related to vaginal delivery and will resolve on its own

**Answer: C**

---

*June 2016*

**1. Which of the following can not be assessed or measured using simple cystometric studies:**

- a. Intrinsic sphincteric deficiency
- b. First sensation of bladder filling
- c. Total bladder capacity
- d. Stress urinary incontinence

**Answer: A**

**2. Which of the following factors predispose to genital prolapse:**

- a. Repeat LSCS
- b. Multiparity
- c. PID
- d. Endometriosis

**Answer: B**

**3. Colpocleisis is typically indicated for those: = Le Fort**

- a. Desiring future fertility
- b. Desiring future coital activity
- c. Medically compromised patient
- d. Requiring concomitant hysterectomy

**Answer: C**

**4. Which of the following is the symptom that is reliably associated with prolapse and usually worsens as prolapse progresses:**

- a. Pelvic heaviness
- b. Anal incontinence
- c. Low backache
- d. Stress urinary incontinence

**Answer: A**

---

---

## 6. INFECTION & BENIGN CONDITIONS OF VULVA AND VAGINA

---

June 2010

**1. Chlamydia trachomatis:**

- a. Is the most common reported STD in many countries
- b. It is an obligatory extracellular Gram positive bacterium
- c. It is an obligatory intracellular Gram negative bacterium
- d. Primary site for infection is the tube
- e. Women are symptomatic in almost all cases

**Answer: C**

**2. Predisposing factors for vaginal infections are the following EXCEPT:**

- a. Acidic vagina
- b. Routine vaginal douching
- c. Treatment with broad spectrum antibiotics
- d. Decreased estrogen as in menopause
- e. Suppression of immune system

**Answer: A**

**3. Pathological types of chronic salpingitis include the following EXCEPT:**

- a. Hydrosalpinx
- b. Parovarian cyst
- c. Pyosalpinx
- d. Tubo-ovarian cyst
- e. Tubo-ovarian abscess

**Answer: B**

**4. Bartholin cyst is characterized by one of the following:**

- a. Usually presents as a painful swelling at the anterior third of the labia majora
- b. Marsupialization is the treatment of choice
- c. It is a rare swelling of the vulva
- d. Excision is the treatment of choice
- e. Always treated conservatively

**Answer: B**

*[Bartholin cyst arise in posterior third of the labia majora at clock 5 & 7]*

---

1<sup>st</sup> endround 2011

**In human papilloma virus infection of the cervix (HPV) choose the most appropriate statement:**

- a. Mostly asymptomatic
- b. Subtypes 6 and 11 are associated with CIN and cervical neoplasia
- c. Subtypes 16 and 18 are associated with genital warts (condylomata acuminata)
- d. Is RNA virus
- e. Routine vaccination against it is not yet recommended

**Answer: A**

2<sup>nd</sup> endround 2011

**The majority of pediatric cases of vulvovaginitis are due to:**

- a. Candidiasis
- b. Chlamydia
- c. Allergic reactions
- d. Gonorrhea
- e. Nonspecific

**Answer: E**

---

End round 2012

**Chronic vulvovaginitis is frequently caused by:**

- a. Trichomonas
- b. Gonococci
- c. Herpes simplex virus
- d. Candida albicans
- e. H.vaginalis

**Answer: D**

---

June 2012

**1. The single most reliable predictor of bacterial vaginosis is:**

- a. Homogenous, thin, greyish-white discharge that smoothly coats the vaginal walls
- b. Vaginal pH greater than 4.5
- c. Positive whiff-amine test
- d. Presence of clue cells on saline wet mount
- e. Vaginal culture

**Answer: D**

**2. Factors associated with increased risk of PID include all EXCEPT:**

- a. Young, sexually active women
- b. Women with multiple sexual partners
- c. Use of intrauterine contraceptive device
- d. Use of contraceptive gel foams
- e. Drug addicts

**Answer: D**

**3. Which of the following is not associated with vulvar ulcer:**

- a. Syphilis
- b. Tuberculosis
- c. Herpes simplex virus type 2
- d. HPV
- e. Behcet disease

**Answer: D**

**4. The most common complaint of a patient having vulval herpes is:**

- a. Bleeding
- b. Pain

- c. Discharge
- d. Fever

**Answer: B**

**5. Nabothian cysts are:**

- a. Embryonic testis
- b. Mesonephric remnants
- c. Retention cysts
- d. Endometrial implants
- e. Keratinous cysts

**Answer: C**

**6. Acute putrid endometritis is characterized by the following, EXCEPT:**

- a. Mild type of puerperal sepsis
- b. Caused by low virulent organism
- c. Uterine cavity is lined by a pyogenic membrane
- d. Leukocytic barrier is formed under the endometrium
- e. Limited spread of infection

**Answer: C**

---

*1<sup>st</sup> endround 2013*

**1. A midline cystic mass best represents which of the following vulvar disorders:**

- a. Gartner duct cyst
- b. Bartholin gland cyst
- c. Urethral diverticulum
- d. Nabothian cyst ( follicles)

**Answer: C**

*[Gartner: Vaginal (on lateral or anterolateral wall), bartholin: post part of Labia majora (not midline), Nabothian: cervical]*

**2. Which of the following is generally the treatment of choice for recurrent Bartholin gland duct cyst :**

- a. Systemic antibiotics
- b. 5-percent lidocaine ointment
- c. Bartholin gland duct marsupialization
- d. Warm compresses and frequent baths

**Answer: C**

---

*June 2013*

**1. A midline cystic mass represents which of the following vulvar disorders:**

- a. Gartner duct cyst
- b. Bartholin's gland cyst
- c. Urethral diverticulum
- d. Nabothian cyst

**Answer: C**

**2. Which of the following is not correct regarding genital warts:**

- a. Must be differentiated from neoplastic lesions
- b. Should always be treated
- c. Are sexually transmitted diseases in most cases
- d. Are associated with chlamydial infection

**Answer: B**

**3. Which of the following is not one of the clinical diagnostic criteria for bacterial vaginosis described by AMSEL and associates:**

- a. Abnormally high vaginal pH
- b. Presence of an abnormal discharge and erythema of the vagina
- c. Clue cells seen on vaginal saline preparation by light microscope
- d. Characteristic fishy odor release with addition of potassium hydroxide to vaginal secretions

**Answer: B**

---

*June 2014*

**CDC regimen for treating uncomplicated cervicitis includes the following EXCEPT:**

- a. Azithromycin
- b. Doxycycline
- c. Quinolones
- d. Metronidazole

**Answer: C**

---

*June 2016*

**Which of the following could be used for treating condylomata accuminata in pregnancy:**

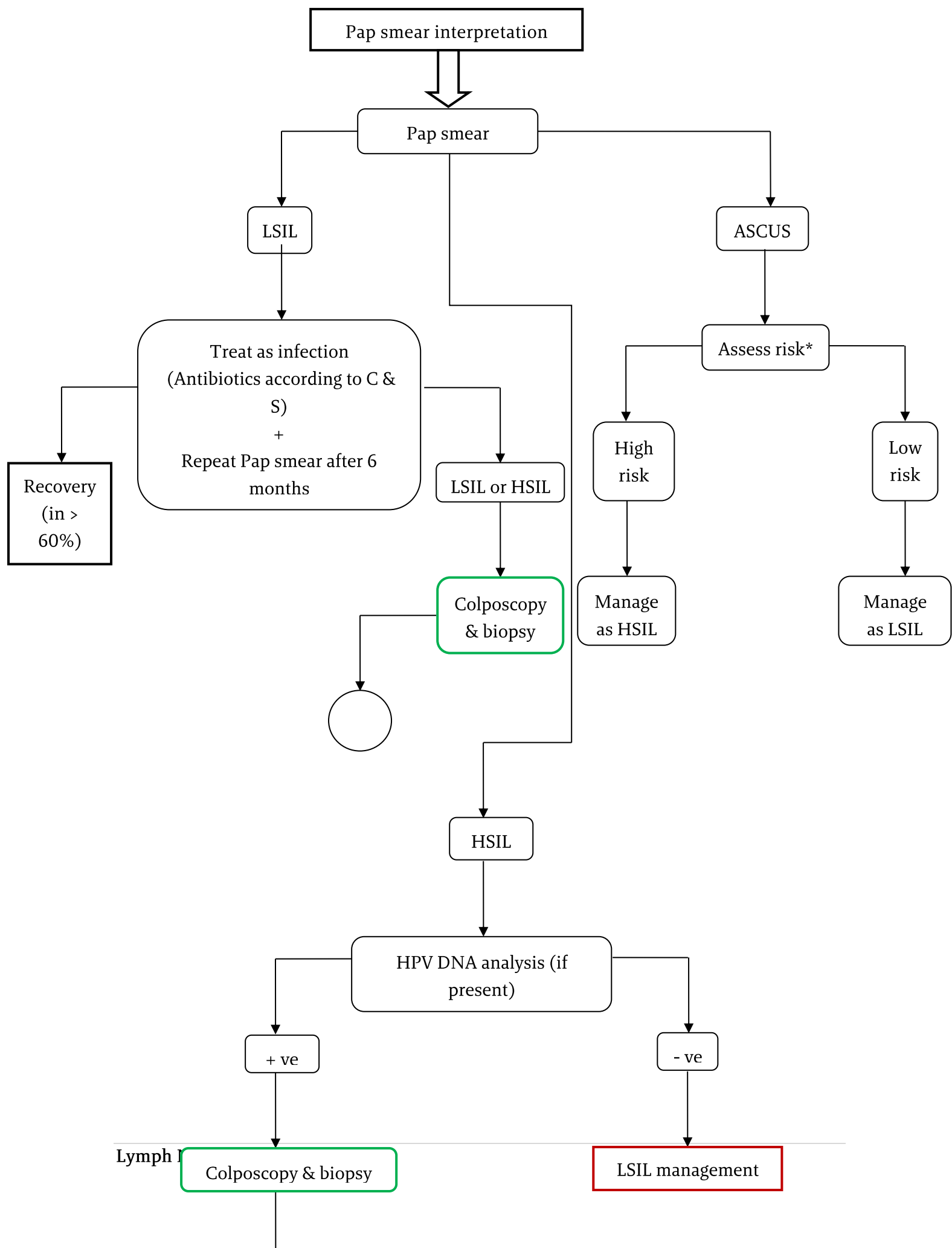
- a. Interferon
- b. 5-Fluorouracil
- c. Podophyllin resin
- d. None of the above

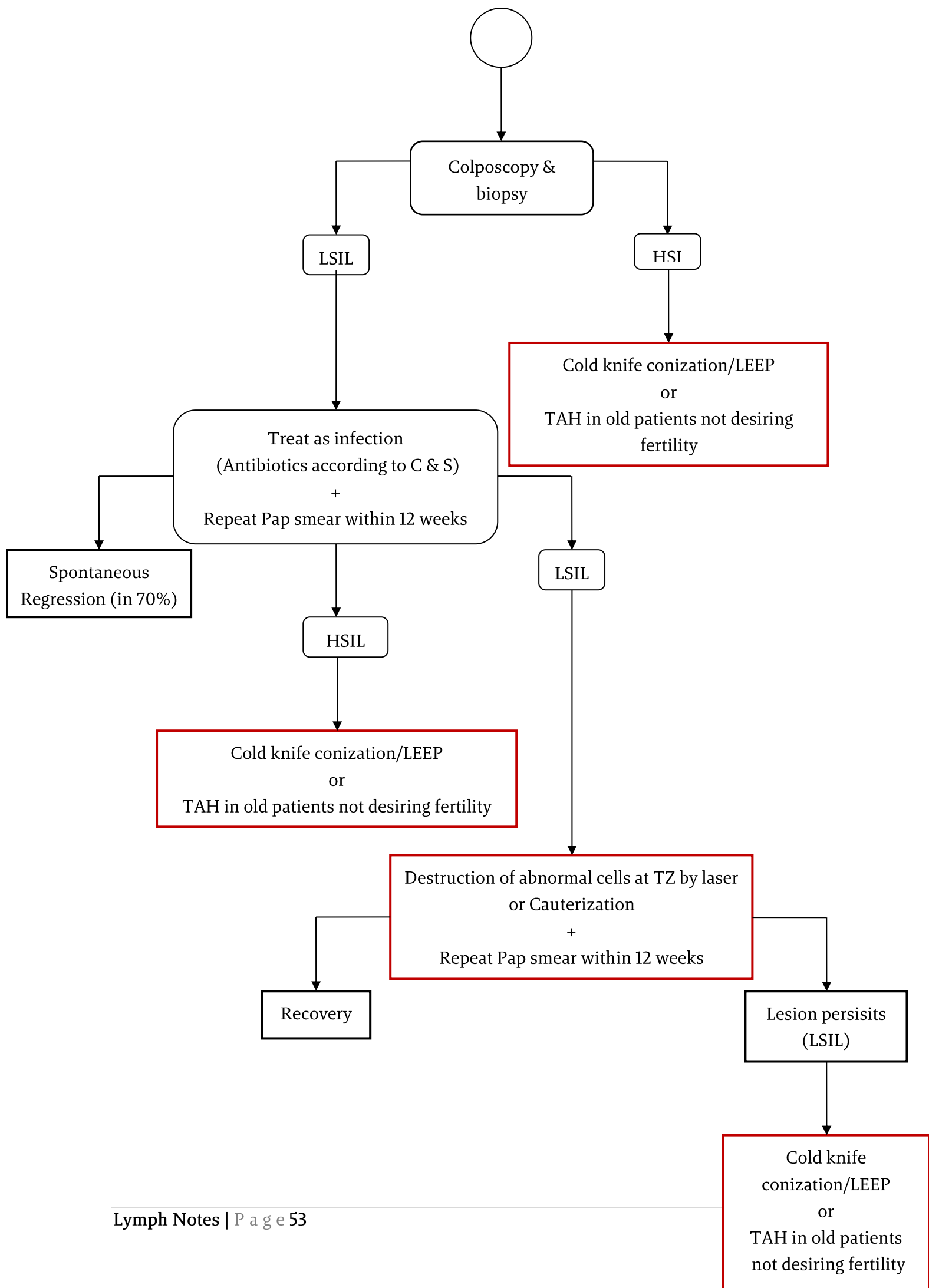
**Answer: D**

*[Interferon, podophyllin, and 5-fluorouracil (5-FU) should not be used in pregnancy. TCA is used (Cryo is also safe)]*

*[A side note: Higher HPV infection rates have been reported in pregnant women. If condyloma develops, rapid growth can be observed. Factors responsible include suppression of immunity during pregnancy and hormonal changes]*







---

## 7. ONCOLOGY

---

*June 2010*

**1. Alpha fetoprotein is used as a tumor marker for the detection of:**

- a. Cancer cervix
- b. Cancer vulva
- c. Serous cystadenocarcinoma
- d. Endodermal sinus tumor
- e. Endometrial carcinoma

**Answer: D**

**2. One of the following is not correct regarding endometrial hyperplasia:**

- a. Best diagnostic tool is endometrial biopsy
- b. Human papilloma virus has been discovered to be a possible etiology
- c. First line of treatment when no atypia is detected is synthetic gestagen
- d. May present clinically with abnormal uterine bleeding
- e. Is related to unopposed hyperestrogenism

**Answer: B**

*[HPV is a risk factor for cancer cervix]*

**3. Epithelial ovarian tumors include the following EXCEPT:**

- a. Mucinous cystadenoma
- b. Mucinous cystadenocarcinoma
- c. Dysgerminoma
- d. Endometrioid carcinoma
- e. Brenner's tumor

**Answer: C**

*[Dysgerminoma is a germ cell tumor]*

**4. Regarding para ovarian cysts one of the following is correct:**

- a. Arise from the surface epithelium of the ovary
- b. Arise from remnants of the Wolfian duct
- c. Are usually bilateral
- d. Are usually multilocular
- e. Have a thick wall

**Answer: B**

**5. Tumor markers are reliable for the diagnosis and follow up of the following EXCEPT:**

- a. Choriocarcinoma
- b. Epithelial cancers of the ovary
- c. Dysgerminoma
- d. Endodermal sinus tumors
- e. Metastatic tumors of the ovary

**Answer: E**

**6. Fibromas of the ovary:**

- a. Are found most frequently in women under the age of 40
- b. Are usually bilateral

- c. Are solid benign tumors
- d. Ascitis occurs in 50% of the cases
- e. Are common ovarian tumors

**Answer: C**

**7. A mass protruding from the cervix can be any of the following EXCEPT:**

- a. A cervical polyp
- b. An inverted fallopian tube
- c. Endometrial polyp
- d. Products of conception in incomplete abortion
- e. An inverted uterus

**Answer: B**

**8. Follicular cysts of the ovary are characterized by the following EXCEPT:**

- a. The commonest functional cysts of the ovary
- b. Spontaneous regression is the fate of such cysts
- c. Cysts are usually bilateral, multiple and multilocular
- d. Are commonly encountered with metropathia hemorrhagica
- e. Are usually asymptomatic

**Answer: C**

**9. Epithelial ovarian cancer:**

- a. Are the commonest malignant neoplasms of the ovary
- b. Usually occurs at young age
- c. Usually have good prognosis
- d. Difficult to be related to any tumor marker
- e. More common in parous women than women with low parity

**Answer: A**

**10. Metastatic ovarian cancer:**

- a. Forms about 50% of all ovarian tumors
- b. Primary may arise from the cervix in most of the cases
- c. Krukenberg tumors account for 30 to 40 % of them
- d. The typical form of them does not resemble the primary cancer
- e. Prognosis is always good

**Answer: C**

---

**1<sup>st</sup> endround 2011**

**1. Endometrial hyperplasia is associated with:**

- a. Dermoid cyst
- b. Dysgerminoma
- c. Polycystic ovary syndrome
- d. Sertoli cell tumor
- e. Corpus luteum cyst

**Answer: C**

**2. Which of the following is a functional ovarian cyst:**

- a. Follicular cyst
- b. Endometriotic cyst
- c. Dermoid cyst
- d. Bartholin's cyst
- e. Struma ovarii

**Answer: A**

*[Functional cyst = Arising due to function. i.e. a result*

*Functioning cyst= Forming a function i.e. a cause=secreting something.*

*Benign: Thecoma, Brenner. Malignant: Choriocarcinoma, Granulosa cell tumor, Sertoli Leydig, Struma Ovarii"]*

**3. Tumors markers are reliable for one of the following:**

- a. Choriocarcinoma
- b. Cancer cervix
- c. Endometrial carcinoma
- d. Serous cystadenocarcinoma of ovary
- e. Metastatic tumors to the ovary

**Answer: A**

*[Tumor markers: CA 125: Ep. Ovarian Carcinoma, CA 19-9 & CEA: Mucinous Carcinoma, LDH: Dysgerminoma, B-hCG: Choriocarcinoma, Alpha Feto Protein: Endodermal sinus tumor, Estrogen and Androgen: in functioning tumors, T3/4: Struma Ovarii, 5HT: Carcinoid Tumor, human Placental Lactogen: Placental site tumors.*

*Other markers? In detection of Congenital Fetal Malformations (AFP, PAPP, Beta HCG, E3...) & Endometriosis CA 125.]*

---

**2<sup>nd</sup> endround 2011**

**1. Non-neoplastic cysts of the ovary include the following EXCEPT one:**

- a. Follicular cysts
- b. Cystoma simplex
- c. Endometriotic cysts
- d. Corpus luteum cysts
- e. Theca lutein cysts

**Answer: B**

**2. Endometrial carcinoma is characterized by:**

- a. Is usually a clear cell carcinoma
- b. Usually occurs before the menopause
- c. Is less common in obese postmenopausal females
- d. Is accurately diagnosed by biopsy
- e. Is related to use of combined oral contraceptive pills

**Answer: D**

**3. The single most important prognostic factor in endometrial carcinoma is:**

- a. Grade of the disease
- b. Age of the patient
- c. Size of the uterus

- d. Abnormal Pap smear
- e. Abnormal hystero-graphy

**Answer: A**

**4. Risk factors for endometrial hyperplasia include the following EXCEPT:**

- a. Use of sequential oral contraceptive pills
- b. High parity
- c. Anovulation
- d. Estrogen secreting ovarian tumors
- e. Obesity

**Answer: B**

*[Combined oral contraceptive pills have a protective effect against the development of endometrial carcinoma; on the other hand, sequential contraceptives increase the risk of endometrial hyperplasia & carcinoma]*

**5. A patient complains of post coital bleeding and no growth is seen on the cervix per speculum examination. The best next step should be:**

- a. Colposcopy.
- b. Conization.
- c. Pap smear.
- d. Culdoscopy.
- e. Biopsy.

**Answer: C**

**6. A 50-year-old woman is diagnosed with cervical cancer. Which lymph node group would be the first involved in metastatic spread of this disease beyond the cervix and uterus:**

- a. Common iliac nodes.
- b. Parametrial nodes.
- c. External iliac nodes.
- d. Paracervical or ureteral nodes.
- e. Para-aortic nodes.

**Answer: D**

---

**End round 2012**

**1. Which of the following is not correct about theca lutein cysts:**

- a. They arise more frequently in patients with complete moles.
- b. They should be removed surgically if hysterectomy is indicated for evacuating mole.
- c. These cysts may result in acute abdomen
- d. Cysts are filled with serous fluid
- e. Cysts are filled with serosanguinous fluid

**Answer: B**

---

**2. The commonest cause of death in cancer cervix is:**

- a. Infection
- b. Uremia
- c. Hemorrhage

- d. Cachexia
- e. Distant metastasis

**Answer: B**

**3. Risk factor of endometrial hyperplasia include the following EXCEPT:**

- a. Nulliparity
- b. Obesity
- c. Anovulation
- d. Estrogen secreting ovarian tumor
- e. Use of combined oral contraceptive pills

**Answer: E**

---

*June 2012*

**1. Carcinoma in situ of the cervix indicates:**

- a. Extensive glandular involvement of cancer cells
- b. Full thickness epithelium replacement by undifferentiated cancer cells
- c. Partial epithelial replacement of stratified basal cells
- d. Reserve cell hyperplasia
- e. Nests of malignant basal cells throughout epithelium

**Answer: B**

**2. Which of the following tumors is least likely to be hormonally active:**

- a. Sertoli-Lyedig cell tumor
- b. Granulosa cell tumor
- c. Hilus cell tumor
- d. Fibroma
- e. Ovarian mucinous cystadenoma

**Answer: D**

**3. Serum alpha fetoprotein concentration is a clinically useful tumor marker for:**

- a. Brenner tumors of the ovary
- b. Mucinous cystadenoma of the ovary
- c. Endodermal sinus tumors of the ovary
- d. Granulosa cell tumors
- e. Arrhenoblastoma

**Answer: C**

**4. Which of the following is not correct regarding choriocarcinoma:**

- a. Histological examination often shows pleomorphic cytotrophoblast but absence of chorionic villi
- b. A third of cases present with features of distant metastatic spread
- c. The antecedent pregnancy is usually a term delivery or miscarriage
- d. Lymph node metastases are common
- e. A characteristic snowstorm pattern is not seen on uterine ultrasonography

**Answer: D**

**5. Symptoms of epithelial ovarian cancer include all EXCEPT:**

- a. Abdominal distension
- b. Vague GIT symptoms
- c. Vaginal discharge
- d. Postmenopausal bleeding
- e. Abdominal pain

**Answer: C**

*[Post menopausal bleeding occurs if functioning tumor as Brenner or Thecoma or mucinous cystadenoma or malignant sex-cord stromal tumors]*

**6. The following are recognized symptoms of cervical carcinoma EXCEPT:**

- a. Post-coital bleeding
- b. Offensive vaginal discharge
- c. Pruritus vulvae
- d. Postmenopausal bleeding
- e. Pain

**Answer: C**

**7. A patient complains of post coital bleeding and no growth is seen on the cervix per speculum examination. The best next step should be:**

- a. Colposcopy
- b. Conisation
- c. Vaginal U/S
- d. Culdoscopy
- e. Iodine test

**Answer: A**

**8. Tumor markers are reliable for the diagnosis and follow up of the following, EXCEPT:**

- a. Choriocarcinoma
- b. Embryonal carcinoma
- c. Dysgerminoma
- d. Endodermal sinus tumors
- e. Metastatic tumors of the ovary

**Answer: E**

---

***1<sup>st</sup> endround 2013***

**1. Commonest primary cystic ovarian carcinoma is:**

- a. Malignant change in a dermoid cyst
- b. Papillary serous cyst adenocarcinoma
- c. Pseudo mucinous cyst adenocarcinoma
- d. Endometrial carcinoma

**Answer: B**

**2. The characteristic symptoms of early ovarian carcinoma include which of the following:**

- a. Pain
- b. Nausea.
- c. Uterine bleeding



- d. None of the above

**Answer: D**

*[Early ovarian carcinoma is asymptomatic, even late stage carcinoma presents with vague (nonspecific) symptoms GGPP:*

*1) GIT symp. "Discomfort distension dyspepsia"/*

*2) General Gynecological Tumors Symptoms :a) Bleeding (if functioning) b) pain (dull aching - due to pelvis congestion) c) swelling d) discharge/*

*3) Pressure Symptoms (freq of micturition/constipation)*

*4) Precoc. Puberty (if functioning)]*

---

June 2013

1. Which of the following is appropriate treatment of a 35-year-old woman with the diagnosis of complex hyperplasia without atypia:

- a. Medroxyprogesterone acetate
- b. Combination oral contraceptive pills
- c. Levonorgestrel-releasing intrauterine system (IUD)
- d. All of the above

**Answer: D**

2. What is the primary mechanism by which obesity increases the risk of endometrial cancer:

- a. Androstenedione is aromatized by adipose tissue to estrone
- b. Androstenedione is aromatized by adipose tissue to estradiol
- c. Higher levels of insulin-like growth factor which results in unopposed estrogen
- d. None of the above

**Answer: A**

3. A 28-year-old woman attends the colposcopy clinic after an abnormal smear test. The smear is reported as severe dyskaryosis and she has an intrauterine contraceptive device in situ. All of the following statements are likely to be true, apart from:

- a. The cervix is microscopically normal
- b. Acetic acid is applied and an irregular white area is apparent to the left of the cervical os
- c. Lugol's iodine is applied and the same area stains dark brown while the rest of the cervix stains pale
- d. The IUCD can stay, as it will not aggravate the cervical abnormality

**Answer: A**

*[Schiller's iodine is the type of iodine used not Lugol's, WAKE UP !! ]*

4. Which of the following tests can't be used for staging cervical cancer per international federation of gynecology and obstetrics (FIGO) criteria:

- a. Cystoscopy
- b. Chest radiograph
- c. Computed tomography
- d. Intravenous pyelogram

**Answer: C**

**5. Which of the following is the most commonly diagnosed ovarian malignancy during pregnancy:**

- a. Dysgerminoma
- b. Choriocarcinoma
- c. Immature teratoma
- d. Granulosa cell tumor

**Answer: A**

**6. Which germ cell tumor is most likely to be bilateral:**

- a. Dysgerminoma
- b. Choriocarcinoma
- c. Immature teratoma
- d. Embryonal carcinoma

**Answer: A**

**7. What is the most common method of ovarian cancer spread:**

- a. Lymphatic
- b. Hematogenous
- c. Direct extension
- d. Tumor exfoliation

**Answer: D**

**8. Which of the following is currently recommended for ovarian cancer screening in women of average risk:**

- a. Pelvic examination
- b. Pelvic sonography every 2-3 years
- c. Annual cancer antigen (CA125) level measurement
- d. Annual cancer antigen (CA125) level measurement and pelvic ultrasonography

**Answer: D**

---

**June 2014**

**5. Vaginal clear-cell adenocarcinoma is typically associated with prenatal exposure to:**

- a. Danazol
- b. Testosterone
- c. Diethylstilbestrol
- d. Medroxyprogesterone acetate

**Answer: C**

**6. The most common pure germ cell tumor of the ovary is:**

- a. Choriocarcinoma
- b. Dysgerminoma
- c. Embryonal cell tumor
- d. Malignant teratoma

**Answer: B**

**7. Par-ovarian cysts:**

- a. Arise from remnants of the wolffian duct
- b. Usually bilateral

- c. Usually multi-locular
- d. Have a thin translucent wall

**Answer: A**

**8. The risk of endometrial carcinoma is the highest with which of the following histological patterns of endometrial hyperplasia:**

- a. Simple hyperplasia without atypia
- b. Simple hyperplasia with atypia
- c. Complex hyperplasia without atypia
- d. Complex hyperplasia with atypia

**Answer: D**

**9. Serum alpha-fetoprotein concentration is a clinically useful tumor marker for:**

- a. Mucinous cystadenocarcinoma
- b. Endodermal sinus tumors
- c. Granulosa cell tumors
- d. Androblastoma

**Answer: B**

**10. Ovarian masses during pregnancy are concerning for which of the following associated potential complications:**

- a. Torsion
- b. Placental metastasis
- c. Fetal growth restriction
- d. Venous thromboembolism

**Answer: A**

**11. A patient is found to have a locally-invasive cancer in the lower one third portion of her vagina. The most likely lymph node involved in her disease based on anatomical lymphatic drainage patterns will be:**

- a. Inguinal
- b. Hypogastric
- c. Internal iliac
- d. External iliac

**Answer: A**

---

**June 2016**

**1. The commonest primary cystic ovarian carcinoma is:**

- a. Malignant degeneration in a dermoid cyst
- b. Mucinous cystadenocarcinoma
- c. Brenner tumor
- d. Papillary serous cystadenocarcinoma

**Answer: D**

**2. Which of the following tumors is least likely to be hormonally active:**

- a. Sertoli-lyeding cell tumor
- b. Granulosa cell tumor
- c. Fibroma
- d. Thecoma

**Answer: C**

**3. Which of the following tumor markers is likely to be raised in association of endodermal sinus tumors:**

- a. Serum hCG
- b. Serum alpha fetoprotein
- c. Serum lactate dehydrogenase
- d. Serum inhibin

**Answer: B**

**4. A common presenting symptom in a woman with a germ cell tumor is:**

- a. Virilization
- b. Acute abdominal pain
- c. Abdominal enlargement
- d. Menstrual abnormality

**Answer: B**

*[Germ cell tumor are benign as Dermoid, malignant as Choriocarcinoma, EST, Embryoma, Dysgerminoma. All of which are non functioning (i.e. no virilization or menstrual abnormality). They are commonly asymptomatic. May present with acute abdomen if complicated]*

**5. Presence of pyometra in post-menopausal females strongly suggests:**

- a. Degenerating myoma
- b. Senile endometritis
- c. Malignancy
- d. Sexual promiscuity

**Answer: C**

**6. The primary drainage of lower vagina is to:**

- a. External iliac nodes
- b. Sacral nodes
- c. Superficial inguinal nodes
- d. Internal iliac nodes

**Answer: C**

**7. The most common presenting symptom of endometrial hyperplasia is:**

- a. Vaginal discharge
- b. Pelvic heaviness
- c. Vaginal bleeding
- d. Amenorrhea

**Answer: C**

**8. Endometrial hyperplasia may associate the following EXCEPT:**

- a. Fibroma
- b. Brenner tumor
- c. Thecoma
- d. Follicular cysts

**Answer: A**

**9. Choriocarcinoma most commonly develops after which of the following:**

- a. Evacuation of a partial mole
- b. Evacuation of a complete mole
- c. Delivery of a normal term pregnancy
- d. Abortion of a genetically normal abortus

**Answer: B**

**10. Choriocarcinoma spreads by which of the following methods:**

- a. Lymphatic
- b. Hematogenous
- c. Contagious invasion
- d. Disseminated via peritoneal fluid

**Answer: B**

**11. Which of the following is the most common site of choriocarcinoma metastasis:**

- a. Lungs
- b. Brain
- c. Spleen
- d. Breast

**Answer: A**

---

---

## 8. MISCELLANEOUS

---

### [Differential diagnosis-Imaging-Endoscopy-Operative-Clinical]

June 2010

**1. Causes of symmetrical enlargement of the uterus include all of the following EXCEPT:**

- a. Localized adenomyosis
- b. Metropathia hemorrhagica
- c. Pyometra
- d. Submucous myoma
- e. Ectopic pregnancy in a rudimentary horn

**Answer: A**

**2. Gynaecological causes of acute abdominal pain include all of the following EXCEPT:**

- a. Disturbed ectopic pregnancy
- b. Acute salpingitis
- c. Rupture corpus luteum cyst
- d. Metropathia hemorrhagica
- e. Red degeneration in a fibroid

**Answer: D**

**3. Hysteroscopy is important for the diagnosis of the following:**

- a. Intrauterine adhesions
- b. Subserous fibroids
- c. Peritubal adhesions
- d. Polycystic ovarian disease
- e. Pelvic endometriosis

**Answer: A**

**4. Indications of hysteroscopy include all of the following EXCEPT:**

- a. Removal of missed IUD
- b. Habitual abortion
- c. Resection of submucous myoma
- d. Diagnosis of paraovarian cysts
- e. Irregular uterine bleeding

**Answer: D**

---

June 2012

**1. Advantages of total hysterectomy include:**

- a. Less risk of post operative pelvic haematoma
- b. It is easier and quicker
- c. Less danger of injuring the ureter
- d. Less danger of injuring bladder
- e. Less liability for subsequent development of vaginal vault prolapse

**Answer: A**

**2. Regarding uterine perforation during D & C, which of the following is not correct:**

- a. May occur with the use of sound, dilator or curette
- b. More liable to occur during evacuation of a pregnant uterus
- c. More liable to occur in presence of uterine malignancy
- d. May result in intestinal injury
- e. Always treated conservatively if suction cannula was used

**Answer: E**

**3. Indications of hysteroscopy include all, EXCEPT:**

- a. Habitual abortions
- b. Resection of submucous myoma
- c. Removal of extrauterine IUD
- d. Diagnosis of intrauterine synechiae
- e. Irregular uterine bleeding

**Answer: C**

---

**June 2013**

**1. Transverse uterine incisions are generally preferred to vertical incisions for all EXCEPT which of the following:**

- a. Decreased risk of rupture in subsequent pregnancies
- b. Lower rates of postpartum metritis
- c. Ease of closure
- d. Less likely to result in incisional adhesions to bowel

**Answer: C**

**2. Which of the following is a gas anesthetic adequate for general anesthesia:**

- a. Ketamine
- b. Thiopental
- c. Halothane
- d. Succinylcholine

**Answer: C**

---

**June 2016**

**Backache caused by gynecological lesions is not characterized by being:**

- a. Diffuse.
- b. Situated in midline.
- c. Associated with localized tenderness.
- d. Lumbosacral.

**Answer: C**

---

---

### 1. EARLY PREGNANCY BLEEDING

---

June 2010

**1. The following statements regarding complete hydatiform moles are correct EXCEPT:**

- a. Usually have female karyotype (90%)
- b. Clinically evident hyperthyroidism may develop in 7% of the cases
- c. In about 25 to 60% of cases the ovaries contain multiple theca-lutein cysts
- d.  $\alpha$ -fetoprotein is a good marker of disease post-evacuation
- e. Due to absence of fetus, uterine size is always less than the expected period of gestation

**Answer: D**

**2. After treatment of hyadtiform mole:**

- a. Incidence of malignancy (persistent trophoblastic tumor) is 20%
- b. The average to achieve the first normal hCG is about 9 months
- c. Intrauterine device is the prime method suggested for contraception
- d. Pregnancy should be avoided for 5 years
- e. The prime follow up tool is repeat pelvic ultrasound in every visit

**Answer: A**

*[IUD may cause bleeding misdiagnosing bleeding caused by vesicular mole]*

**3. The risk factors for an ectopic pregnancy include the following EXCEPT:**

- a. History of pelvic inflammatory disease
- b. Previous ectopic pregnancy
- c. Use of combined oral contraceptives
- d. Assisted reproductive techniques
- e. Use of IUD as the method of contraception

**Answer: C**

**4. Ultrasound criteria for diagnosis of isthmic incompetence during pregnancy: (June 2010-June 2012)**

- a. Should be looked for between 18 to 20 weeks of gestation
- b. Includes shorteneing of the cervical canal length to less than 3.5 cm
- c. Includes widening of the cervix and/or bulging of membranes through the dilated cervical canal
- d. Is better achieved by transabdominal ultrasound probe
- e. None of the above

**Answer: C**



**5. Septic abortion could be caused by all of the following organisms EXCEPT:**

- a. Hemolytic streptococci
- b. Staphylococci
- c. E-coli
- d. Clostridium welchii
- e. Herpes virus type one

**Answer: E**

*[Septic abortion = bacterial infection not viral (usually polymicrobial → treated by broad spectrum antibiotics)]*

**6. Etiology of post abortive bleeding could be attributed to the following EXCEPT:**

- a. Uterine atony
- b. Cervical laceration
- c. Retroversion of the uterus
- d. Retained products of conception
- e. Choriocarcinoma

**Answer: C**

**7. The commonest site for extrauterine pregnancy is:**

- a. The cervix
- b. The ovary
- c. The corneal part of the tube
- d. The ampulla of the tube
- e. The omentum

**Answer: D**

---

*1<sup>st</sup> endround 2011*

**1. The major cause of first trimester abortion is:**

- a. Maternal trauma
- b. Progesterone insufficiency
- c. Maternal infection by toxoplasmosis
- d. Exposure to teratogens
- e. Chromosomal anomalies of the fertilized ovum

**Answer: E**

**2. Causes of recurrent abortion in early pregnancy include all of the following EXCEPT:**

- a. Progesterone insufficiency
- b. Rh incompatibility
- c. Chromosomal anomalies of the fertilized ovum
- d. Submucous fibroid
- e. Antiphospholipid antibody

**Answer: D**

*[It and Cx Incompetence cause 2nd trimester abortion. (bawaba was3a aw Oda daya2a) , since the fetus occupy the whole uterine cavity in the 2<sup>nd</sup> trimester (the need for this space taken by the fibroid or incompetence of the cervix appear at this time)]*

**3. Differential diagnosis of tubal ectopic pregnancy includes all of the following EXCEPT:**

- a. Abortion
- b. Acute salpingitis
- c. Hemorrhage in a corpus luteum cyst
- d. Cystitis
- e. Other causes of antepartum hemorrhage

**Answer: E**

**4. A 23-year-old patient, 4<sup>th</sup> G, P2, presents with mild vaginal bleeding and suprapubic colic following a period of 2 months amenorrhea. She has no fever. PV examination reveals a closed cervix. Pregnancy test is positive. The most likely diagnosis is:**

- a. Threatened abortion
- b. Inevitable abortion
- c. Missed abortion
- d. Septic abortion
- e. Isthmic incompetence

**Answer: A**

---

**2<sup>nd</sup> endround 2011**

**A women presents with amenorrhea of 2 months duration, lower abdominal pain, facial pallor, fainting and shock, and  $\beta$ -hCG is positive. The most likely diagnosis is:**

- a. Ruptured ovarian cyst
- b. Ruptured ectopic pregnancy
- c. Threatened abortion
- d. Septic abortion
- e. Missed abortion

**Answer: B**

---

**End round 2012**

**1. During follow up after evacuating molar pregnancy the best contraceptive method is:**

- a. Combined oral contraceptive pills
- b. Progesterone only pills
- c. Progestin IM
- d. Subdermal implants
- e. Intrauterine contraceptive device

**Answer: A**

**2. Human chorionic gonadotrophin (hCG) is characterized by the following EXCEPT :**

- a. Being a glycoprotein hormone
- b. Maintain early pregnancy
- c. Produced by syncytiotrophoblast
- d. The alpha subunit is specific
- e. Reaches a maximum at 8-10 weeks of pregnancy

**Answer: D**

**3. Regarding hydatiform mole:**

- a. In complete moles, all nuclear genes are inherited from the mother
- b. The incidence in asia is the highest in the whole world
- c. Most partial moles are haploid
- d. In 20% of cases hydatiform moles develop into choriocarcinoma
- e. Pregnancy should be avoided for at least 24 months

**Answer: B**

**4. Which of the following is not a cause of recurrent miscarriage**

- a. Parental chromosomal abnormality
- b. Activated protein C resistance
- c. Uncontrolled hypothyroidism
- d. Chlamydia infection
- e. Submucosal fibroid

**Answer: D**

---

*June 2012*

**1. The genetic makeup of complete hydatidiform mole typically is:**

- a. 46, XX paternal only
- b. 46, XX maternal only
- c. 46, XY paternal only
- d. 46, XX maternal and paternal
- e. Triploidy

**Answer: A**

**2. Which of the following is not correct regarding missed abortion: (June 2012 – June 2013)**

- a. Patient may present with loss of the symptoms of pregnancy
- b. Per vaginal bleeding maybe one of the presenting symptoms
- c. Immediate evacuation should be done once the diagnosis is made
- d. Disseminated intravascular coagulation may occur as sequelae
- e. Ultrasound should be done to confirm the diagnosis

**Answer: C**

**3. The followings are factors affecting the choice of methotrexate as an option of treatment of ectopic pregnancy, EXCEPT:**

- a. Size of the ectopic
- b. Presence or absence of cardiac activity
- c. Level of beta  $\beta$ hCG
- d. Parity of the patient
- e. Integrity of the tube

**Answer: D**

**4. For patients with 3 consecutive spontaneous abortions in the second trimester, the most useful investigation is:**

- a. Chromosomal analysis
- b. Hysterosalpingogram
- c. Endometrial biopsy

- d. Post coital test
- e. Prolactin level

**Answer: B**

*[For congenital or acquired uterine anomalies]*

---

*1<sup>st</sup> endround 2013*

**A patient who has been treated for trophoblastic disease is best followed by the use of:**

- a. MRI
- b. Repeated gonadotrophin titres
- c. Dilatation and curettage
- d. Ultrasound

**Answer: B**

---

*June 2013*

**1. A proven, effective therapy for threatened abortion includes which of the following:**

- a. Bed rest
- b. Daily morning acetaminophen
- c. Increased oral fluid intake
- d. None of the above

**Answer: D**

**2. Which of the following chromosomal anomalies is most frequently identified with first trimester abortion:**

- a. Triploidy
- b. Autosomal trisomy
- c. Monosomy X (45, X)
- d. None of the above

**Answer: B**

**3. Contraindications to medical abortion include which of the following:**

- a. Septate uterus
- b. Severe anemia
- c. Cervical dysplasia
- d. Type 2 diabetes mellitus

**Answer: B**

**4. Which of the following is associated with an increased incidence of heterotopic pregnancy:**

- a. Obesity
- b. Multiparity
- c. Prior cesarean delivery
- d. Assisted reproductive technologies

**Answer: D**

**5. The absence of a uterine pregnancy by sonography and a serum beta-hCG level above the discriminatory value may signify which of the following:**

- a. Ectopic pregnancy
- b. Incomplete abortion

- c. Resolving completed abortion
- d. All of the above

**Answer: A**

**6. What is the single most important sonographic finding for exclusion of an ectopic pregnancy:**

- a. Complex adnexal mass
- b. Free fluid in the cul-de-sac
- c. Identification of an intrauterine pregnancy
- d. None of the above

**Answer: D**

**7. In the medical management of ectopic pregnancy, a predictor of success for the use of single-dose methotrexate includes which of the following:**

- a. Fetal cardiac activity
- b. Concomitant use of folinic acid
- c. An ectopic mass greater than 3.5 cm
- d. An initial serum beta hCG value < 5000 IU/L

**Answer: D**

**8. Cervical motion tenderness is associated with peritoneal irritation and is commonly found with which of the following:**

- a. Appendicitis
- b. Liver disease
- c. Pyelonephritis
- d. Un-ruptured ectopic pregnancy

**Answer: D**

**9. One of the criteria that should be met to diagnose an ovarian ectopic pregnancy include which of the following:**

- a. The ipsilateral tube is incorporated into the pregnancy mass
- b. The ectopic pregnancy is connected by the mesenteries to the uterus
- c. Identification of ovarian tissue in the gestational sac wall
- d. All of the above

**Answer: C**

*[Spiegelberg criteria: Four criteria for differentiating ovarian from other ectopic pregnancies:*

- 1      The gestational sac is located in the region of the ovary.*
- 2      The ectopic pregnancy is attached to the uterus by the ovarian ligament.*
- 3      Ovarian tissue in the wall of the gestational sac is proved histologically.*
- 4      The tube on the involved side is intact.]*

**10. With regard to molar pregnancies, what does the term "androgenesis" refer to:**

- a. Development of theca-lutein cysts
- b. Absence of fetal tissue and amnion
- c. Absence of amnion
- d. Development of a zygote that contains only paternal chromosomes

**Answer: D**

**11. Commonest presentation of choriocarcinoma:**

- a. Vaginal bleeding
- b. Abdominal pain
- c. Breathlessness
- d. Perforation of uterus

**Answer: A**

**12. Serum beta hCG criteria for diagnosis of gestational trophoblastic neoplasia (GTN) include which of the following:**

- a. Rise of beta hCG levels
- b. Plateau of beta hCG levels
- c. Persistent elevation of beta hCG levels
- d. All of the above

**Answer: D**

**13. All EXCEPT which of the following signs or symptoms are typically seen in the presentation of a complete hydatidiform molar pregnancy:**

- a. Pre-eclampsia.
- b. Vaginal bleeding
- c. Increased plasma thyroxin levels
- d. Greater than expected serum beta-human chorionic gonadotropin (beta hCG) levels

**Answer: A**

*[Rarely occurs]*

**14. In women presenting with a positive urine pregnancy test result plus abdominal pain with or without vaginal bleeding, use of which of the following strategies helps diagnose a pregnancy of unknown location:**

- a. Transvaginal sonography
- b. Dilatation and curettage
- c. Quantitative serum beta hCG measurement
- d. All of the above

**Answer: D**

**15. Women who develop the following conditions during their first pregnancy are at higher risk of recurrence in subsequent pregnancies, EXCEPT:**

- a. Pre-eclampsia
- b. Preterm labor
- c. Placental abruption
- d. Missed abortion

**Answer: D**

---

*June 2014*

**1. The following drug is not helpful in treatment of ectopic pregnancy:**

- a. Misoprostol
- b. Actinomycin-D
- c. RU 486
- d. Methotrexate

**Answer: A**

**2. Complications of septic abortion include all EXCEPT:**

- a. Shock
- b. Acute renal failure
- c. Cerebral hemorrhage
- d. DIC

**Answer: C**

**3. A female with recurrent abortion and isolated prolonged APTT is most likely associated with:**

- a. DIC
- b. Von Willebrand disease
- c. Lupus anticoagulant
- d. Hemophilia

**Answer: C**

**4. Risk factors associated with fetal macrosomia include all EXCEPT:**

- a. Prolonged pregnancy
- b. Maternal obesity
- c. Previous large infant
- d. Nulliparity

**Answer: D**

**5. Risk factors associated with IUGR include the following EXCEPT:**

- a. Chorioangioma
- b. Gestational diabetes
- c. Velamentous insertion of the cord
- d. Maternal heart disease

**Answer: B**

*[GDM is associated with macrosomia, while long standing DM is usually associated with IUGR due to vasculopathy]*

---

**June 2016**

**1. A 29-year-old woman in her first trimester presents with painless profuse vaginal bleeding. Her blood pressure is 130/90 mmHg. She has facial and hand edema. Pelvic examination reveals a 24-wk.-sized uterus. Urine analysis reveals proteinuria. Which is the most likely diagnosis:**

- a. Placenta previa
- b. Abruptio placenta
- c. Hydatidiform mole
- d. Normal pregnancy

**Answer: C**

*[1st trimester! + Fundal level not proportionate to GA (24 week uterus)+ PE + bleeding = GTD]*

**2. Spigelberg criteria are used to diagnose which of the following:**

- a. Molar pregnancy
- b. Ovarian pregnancy
- c. Uterine pregnancy

- d. Twin pregnancy

**Answer: B**

**3. Which one of the following is not correct regarding "Spigelberg criteria":**

- a. The mass occupies the position of the ovary
- b. The tube on the affected side is intact
- c. Chorionic villi are found in the wall of the sac
- d. The mass is attached to the uterus by mesovarium

**Answer: D**

*[By the ovarian ligament not the mesovarium]*

**4. Which of the following conditions is associated with the highest beta-hCG level:**

- a. Smoking
- b. Diabetes
- c. Twin pregnancy
- d. Complete hydatidiform mole

**Answer: D**

**5. Which of the following conditions shows 69, XXY trisomy:**

- a. Partial hydatidiform mole
- b. Choriocarcinoma
- c. Down syndrome
- d. Klinefelter syndrome

**Answer: A**

**6. The genetic makeup of complete hydatidiform mole typically is:**

- a. 46, XY paternal only
- b. 46 XX, maternal and paternal
- c. Triploidy
- d. 46, XX paternal only

**Answer: D**

**7. To correctly define an incomplete abortion, which of the following must be present:**

- a. Abdominal cramping
- b. Heavy vaginal bleeding
- c. Dilated external cervical os
- d. Dilated internal cervical os

**Answer: D**

---



---

## 2. LATE PREGNANCY BLEEDING

---

June 2010

**1. Indications of expectant management in placenta previa include one of the following:**

- a. Pregnancy more than 37 weeks
- b. Mild bleeding
- c. Fetus is distressed
- d. Presence of major gross fetal anomalies
- e. Placenta previa centralis

**Answer: B**

**2. As regards Vasa previa:**

- a. It is a common condition
- b. It occurs with circumvallate placenta
- c. It is the only cause of antepartum hemorrhage of fetal origin
- d. The fetal mortality is only 10%
- e. It can be treated in a conservative way

**Answer: C**

---

1<sup>st</sup> endround 2011

**1. Regarding management of placenta previa, all of the following are true EXCEPT:**

- a. Cases presenting with severe bleeding require immediate CS
- b. Active management is indicated after 37 weeks
- c. Cases presenting with persistent moderate bleeding require active management
- d. Oxytocin may be given before amniotomy to avoid inertia
- e. Amniotomy helps to control bleeding

**Answer: D**

*[General Rule: Amniotomy first]*

**2. Diagnosis of concealed accidental hemorrhage:**

- a. The main presenting symptom is vaginal bleeding
- b. Blood pressure is always low due to hemorrhage
- c. The fundal level is lower the corresponding gestational age
- d. Oliguria or anuria are commonly met
- e. The uterus is hypotonic

**Answer: D**

*[Concealed: no bleeding. Low BP (=SHOCK): is NEUROGENIC and HYPOVOLEMIC. FL: is HIGHER. Uterus is CONTRACTING, TENSE, TENDER (PTL!)]*

---

*2<sup>nd</sup> endround 2011*

**Indications of cesarean section with placenta previa include all of the following EXCEPT:**

- a. Placenta previa centralis.
- b. Placenta previa Marginalis anterior
- c. Failure of amniotomy to control bleeding and/or induce contractions
- d. Contracted pelvis
- e. Placenta previa incomplete centralis associated with intra uterine fetal death

**Answer: B**

*[ Contracted pelvis & CPD under the subtitle: other relative indications of CS]*

*[ Placenta previa incomplete centralis (Partial) alone is an indication of CS regardless the baby is alive or dead.]*

---

*End round 2012*

**1. Risk factors for placenta accreta include the following EXCEPT:**

- a. Prior caesarean section
- b. Placenta previa
- c. Circumvellate placenta
- d. Asherman syndrome
- e. Submucous leiomyoma

**Answer: C**

**2. A 16 years old primigravida at term, not in labor, has a sudden onset of continuous lower abdominal pain, rapid pulse, no fetal heart tones, low BP and a tender uterus. The most likely diagnosis:**

- a. Abruptio placenta
- b. Placenta previa
- c. Amniotic fluid embolism
- d. Perforation of the uterus by hydatiform mole
- e. Supine hypotensive syndrome

**Answer: A**

**3. As regards vasa previa**

- a. It is a common condition
- b. It occurs with circumvallate placenta
- c. It is the only cause of antepartum hemorrhage of fetal origin
- d. The fetal mortality rate is 10%
- e. It can be treated in a conservative way

**Answer: C**

---

*June 2012*

**The following are causes of antepartum hemorrhage, EXCEPT:**

- a. Abruptio placenta
- b. Placenta previa
- c. Cervical polyp
- d. Vasa praevia

- e. Rh isoimmunization

**Answer: E**

---

*June 2016*

**1. Risk factors associated with placenta previa include the following:**

- a. Maternal hypertension
- b. Trauma
- c. Short umbilical cord
- d. None of the above

**Answer: D**

**2. In which condition, the placental villi implant on uterine smooth muscle without intervening decidua:**

- a. Placenta accreta
- b. Placenta previa
- c. Placenta membranacea
- d. Placenta circumvallate

**Answer: A**

---

---

## 3. MEDICAL DISORDERS

---

June 2010

**1. Physiologic anemia of pregnancy is due to:**

- a. Increase iron requirements
- b. Increase folic acid requirements
- c. Disproportionate increase in plasma volume compared with RBC mass
- d. Repeated blood loss
- e. None of the above

**Answer: C**

**2. In managing patients with heart disease during delivery only the following is correct:**

- a. No pain relief to avoid medications during labor
- b. Lithotomy position is preferred all the time
- c. Shorten the second stage by low forceps when necessary
- d. Avoid digitalis until placenta is delivered
- e. Caesarean section is the best management of choice

**Answer: C**

**3. Risk factors for DVT/PE during pregnancy include the following EXCEPT:**

- a. Maternal age below 30 years
- b. Pre existing thrombophilia
- c. Severe pre-eclampsia
- d. Sepsis especially pelvic
- e. Sever varicose veins

**Answer: A**

**4. Regarding anemia during pregnancy:**

- a. Defined by WHO as a situation in pregnancy when hemoglobin concentration is below 12 g/dl
- b. Hemoglobin level 9-11 is considered a severe type
- c. 51% of pregnant women suffer from some degree of anemia during pregnancy
- d. Parenteral iron therapy is the best choice for mild anemia in late 3<sup>rd</sup> trimester
- e. Incidence of aplastic anemia in pregnancy is high

**Answer: C**

---

1<sup>st</sup> endround 2011

**1. Which of the following does NOT contribute to increased perinatal morbidity and mortality in pregnancies complicated by diabetes:**

- a. Birth injuries
- b. Neonatal hyperglycemia
- c. Respiratory distress syndrome
- d. Neonatal hypocalcemia
- e. Neonatal hyperbilirubinemia

**Answer: B**

**2. Criteria of severity of preeclampsia include all of the following EXCEPT:**

- a. Systolic blood pressure more than 160 mmHg
- b. Diastolic blood pressure more than 110 mmHg
- c. Heavy proteinuria of more than 5 mg%
- d. Thrombocytopenia
- e. Visual symptoms

**Answer: C**

**3. In preeclampsia, the blood volume:**

- a. Increases
- b. Remains the same
- c. Decreases
- d. Varies markedly
- e. Initially decreases then increases

**Answer: C**

**4. Earliest sign of pre-eclampsia is:**

- a. Hypertension
- b. Albuminuria
- c. Pedal edema
- d. Excessive weight gain
- e. Scanty liquor

**Answer: D**

**5. Which of the following exhibits the strongest association with preeclampsia-eclampsia:**

- a. Race
- b. Socioeconomic status
- c. Parity
- d. Body habitus
- e. Age

**Answer: C**

*[Pre eclampsia occurs 8 times more frequently in the first than in subsequent pregnancies]*

**6. All of the following would be indications that the patient is receiving too much MgSO<sub>4</sub> and needs her infusion dose lowered EXCEPT:**

- a. Hyperreflexia
- b. Disappearance of patellar reflexes
- c. Respiratory depression
- d. Somnolence
- e. Slurred speech

**Answer: A**

---

*2<sup>nd</sup> endround 2011*

**High risk factors for gestational diabetes include the following EXCEPT:**

- a. Marked obesity
- b. Strong family history of DM
- c. Hypertension before pregnancy

- d. Age less than 25 years
- e. Glycosuria

**Answer: D**

---

**End round 2012**

**1. Which of the following is not correct regarding magnesium sulphate used for cases of pregnancy induced hypertension:**

- a. It is given to cases of imminent eclampsia
- b. The aim is reduction of blood pressure
- c. Acts as CNS depressant
- d. Toxicity should be checked before giving the next dose
- e. Should be continued for about 24 hours after delivery

**Answer: B**

**2. Which of the following is not symptom or sign of impending eclampsia:**

- a. Headache
- b. Epigastric pain
- c. Blurring of vision
- d. Hyper reflexia
- e. Marked edema of lower limbs

**Answer: D**

**3. Which of the following is a complication of pre-eclampsia**

- a. Fetal macrosomia
- b. Pulmonary edema
- c. Preterm rupture of membranes
- d. Polyhydramnios
- e. Fetal malposition

**Answer: B**

---

**June 2012**

**1. The most definitive treatment of preeclampsia is:**

- a. IV magnesium sulfate
- b. Diazepam
- c. Delivery
- d. IV hydralazine
- e. IV labetalol

**Answer: C**

**2. Gestational diabetes is associated with increased risk of all the following, EXCEPT:**

- a. Cesarean section
- b. Shoulder dystocia
- c. Fetal macrosomia
- d. Intrauterine fetal death
- e. Intrauterine growth restriction

**Answer: E**

**3. Diabetes in pregnancy maybe associated with the following congenital anomalies, EXCEPT:**

- a. Sacral agenesis
- b. Central nervous system abnormalities
- c. Lower limb hypoplasia
- d. Congenital heart disease
- e. Yellow teeth discoloration

**Answer: E**

**4. Complications of preeclampsia include all the following, EXCEPT:**

- a. Premature delivery
- b. Placenta abruption
- c. Renal failure
- d. Polycythemia
- e. DIC

**Answer: D**

**5. A 24-year-old primigravida at 35 weeks' gestation complains of mild headache and facial edema. Her blood pressure is 160/100 and her reflexes are brisk. You suspect that she has preeclampsia. Her urine analysis is likely to show which of the following:**

- a. Proteinuria
- b. Hematuria
- c. Glycosuria
- d. Ketonuria
- e. Leukocytes

**Answer: A**

**6. The infant of a diabetic mother has an increased risk of the following, EXCEPT:**

- a. Neonatal jaundice
- b. Macrocytic anemia
- c. Hypocalcemia
- d. Cardiomegaly
- e. Erb's palsy

**Answer: B**

**7. Bacteriuria in pregnancy:**

- a. Associated with lower socioeconomic status
- b. Affects 15% of women
- c. If left untreated, will progress to symptomatic infection in about 75% of women
- d. Should be treated with tetracycline
- e. Is associated with increased risk of anemia

**Answer: A**

**8. A 24-year-old parturient is at 24 weeks' gestation. Her past medical history is notable for mitral stenosis secondary to rheumatic heart disease as a child. What physiologic change of pregnancy places her at risk for the development of heart failure:**

- a. Decreased functional residual capacity
- b. Increased red cell mass
- c. Increased uterine blood flow

- d. Decreased creatinine concentration
- e. Increase in stroke volume

**Answer: E**

**9. In managing patients with heart diseases during delivery, which of the following is correct:**

- a. No pain relief to avoid giving medications during labor
- b. Lithotomy position is preferred all the time
- c. Low forceps maybe used if necessary
- d. Digitalis should be avoided until the fetus is delivered
- e. Cesarean section is the best management option

**Answer: C**

---

***1<sup>st</sup> endround 2013***

**1. Which of the following is the first line treatment in management of hyperemesis gravidarum:**

- a. Glucocorticoids
- b. Enteral nutrition
- c. Medical termination of pregnancy
- d. IV hydration and antiemetics

**Answer: D**

**2. The total iron needed for expansion of red cell mass during pregnancy is about:**

- a. 300 mg
- b. 100 mg
- c. 30 mg
- d. None of the above

**Answer: D**

---

***June 2013***

**1. Clinical features of pre-eclampsia include the following, EXCEPT:**

- a. Severe headache
- b. Nystagmus
- c. Epigastric pain
- d. Hepatic tenderness

**Answer: B**

**2. Which of these is not a symptom or sign of impending eclampsia:**

- a. Epigastric pain
- b. Hyperreflexia
- c. Marked edema of lower limbs and face
- d. Blurring of vision

**Answer: B**

**3. Which of the following is not correct regarding hyperemesis gravidarum:**

- a. Typically begins during the fourth week of pregnancy
- b. May recur in future pregnancies



- c. Corticosteroids represent the main therapeutic option
- d. More common in multipara

**Answer: C**

**4. Total iron needed for expansion of red cell mass during pregnancy is about:**

- a. 300 mg
- b. 100 mg
- c. 30 mg
- d. None of the above

**Answer: D**

**5. The fetal congenital anomaly which is specifically related to diabetes mellitus is:**

- a. Atrial septal defect
- b. Caudal regression syndrome
- c. Open neural tube defects
- d. None of the above

**Answer: B**

**6. Concerning acute pyelonephritis complicating pregnancy and the puerperium, all the following are true EXCEPT:**

- a. When unilateral, it is most often right sided
- b. Symptoms include anorexia, nausea and vomiting
- c. Escherichia coli are the predominant causative micro-organism
- d. There is a concomitant deficiency of autoimmunity

**Answer: D**

**7. Icterus gravis neonatorum is characterized by the following EXCEPT:**

- a. The baby is delivered jaundiced at birth
- b. Presence of hepatosplenomegaly
- c. Being the commonest form of erythroblastosis fetalis
- d. The baby is delivered anemic at birth

**Answer: A**

**8. The following are all consistent with diagnosis of antiphospholipid syndrome EXCEPT:**

- a. Hydatidiform mole
- b. Severe early-onset pre-eclampsia
- c. Mid-trimester fetal loss
- d. Placental abruption

**Answer: A**

*[APS related complications in OBS: RPL, PTL, PE, IUGR, Oligohydramnious, Acc Hge]*

**9. Maternal complications that are increased in multifetal gestations include the following EXCEPT:**

- a. Hyperemesis gravidarum
- b. Pre-eclampsia
- c. Cholestasis of pregnancy
- d. Uterine rupture

**Answer: C**

June 2014

**1. Which of the following is not a cause of DVT in pregnancy:**

- a. Decreased protein S
- b. Resistance to protein C
- c. Increased factor IX
- d. Compression of the left iliac vein by the right iliac artery

**Answer: D**

**2. What is the cure of pre-eclampsia:**

- a. Magnesium sulfate
- b. Delivery
- c. Nifedipine
- d. Diazepam

**Answer: B**

**3. Mild to moderate respiratory depression that accompanies magnesium sulfate toxicity is treated with which of the following intravenous medications:**

- a. 1 g calcium gluconate
- b. 0.5 mg atropine
- c. 1 mg epinephrine
- d. 20 mg furosemide

**Answer: A**

**4. Appropriate antihypertensive therapy in the intrapartum period include all EXCEPT:**

- a. Labetalol
- b. Nifedipine
- c. Furosemide
- d. Nitroprusside

**Answer: D**

**5. All the following are seen in gestational diabetes, EXCEPT:**

- a. Previous macrosomic baby
- b. Polyhydramnios
- c. Obesity
- d. Fasting blood glucose of 90 mg/dl

**Answer: D**

**6. Which therapy can play a role in preventing pre-eclampsia:**

- a. Diuretics
- b. Calcium
- c. Anti-oxidants
- d. Fish oil

**Answer: B**

*June 2016*

**1. Fasting blood sugar should be maintained in a pregnant diabetic female as:**

- a. 70-100 mg%
- b. 100-130 mg%
- c. 130-160 mg%
- d. 160-190 mg%

**Answer: A**

**2. Your patient states that she is comfortable at rest but begins to experience shortness of breath and chest pain during climbing one set of stairs. What New York Heart Association classification would you assign her:**

- a. I
- b. II
- c. III
- d. IV

**Answer: C**

**3. What uterotonic is not appropriate for a woman with pre-eclampsia:**

- a. Oxytocin (Pitocin)
- b. Carboprost (Hemabate)
- c. Methylergonovine (Methergine)
- d. Misoprostol (Cytotec)

**Answer: C**

**4. Management of asymptomatic bacteruria include which of the following:**

- a. Expectant management
- b. Induction of labor
- c. Antibiotics
- d. Intravenous hydration

**Answer: C**

**5. A pregnant woman in her 32<sup>nd</sup> week of gestation is given magnesium sulfate for pre-eclampsia. The earliest clinical indication of hypermagnesemia is:**

- a. Loss of deep tendon reflexes
- b. Flaccid paralysis
- c. Respiratory arrest
- d. Hypotension

**Answer: A**

**6. The infant of a diabetic mother has an increased risk of the following EXCEPT:**

- a. Neonatal jaundice
- b. Hypokalemia
- c. Cardiomegaly
- d. Erb's palsy

**Answer: B**

**7. Pre-eclampsia is associated with the following EXCEPT:**

- a. Superficial implantation
- b. Low fetoplacental blood flow
- c. Placental infarction

- d. None of the above

**Answer: D**

**8. Hypertension during pregnancy has to be treated to decrease which of the following:**

- a. Incidence of IUGR
- b. Incidence of oligohydramnios
- c. Incidence of maternal stroke
- d. Incidence of placental abruption

**Answer: C**

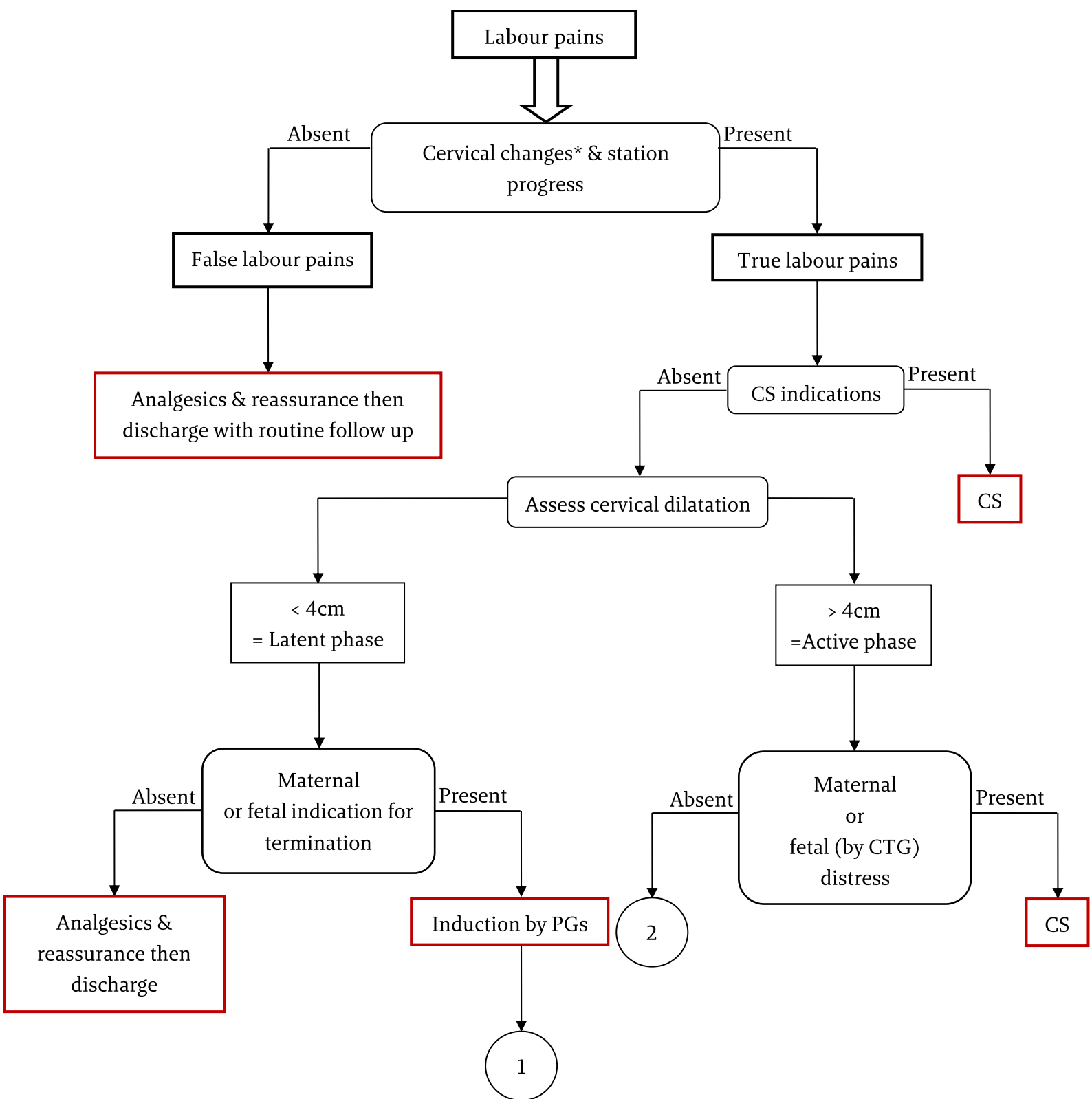
**9. Which of the following is not a clinical criterion for antiphospholipid syndrome (APS):**

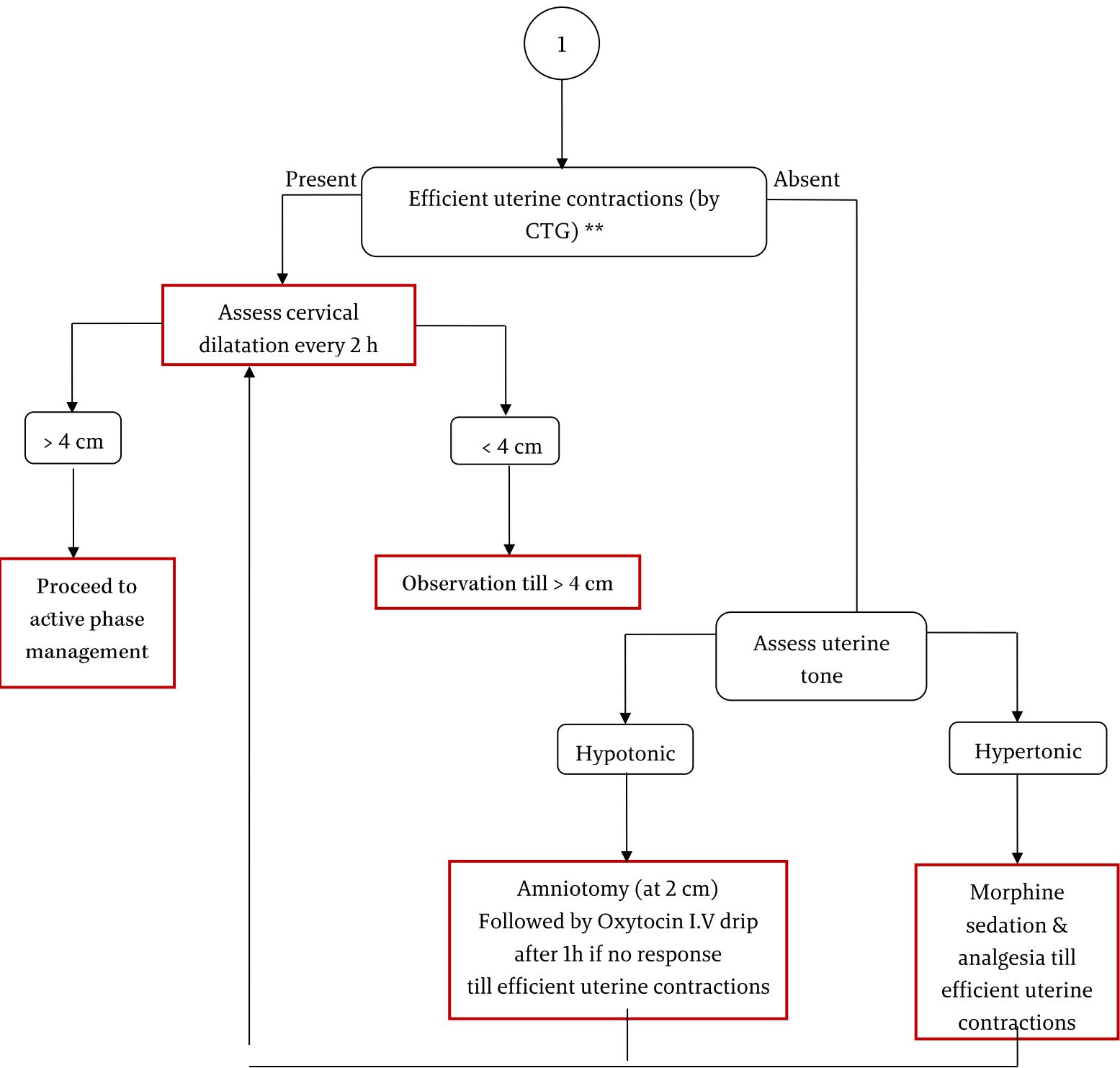
- a. Thrombosis
- b. Hypertension
- c. Recurrent spontaneous abortion
- d. Fetal death

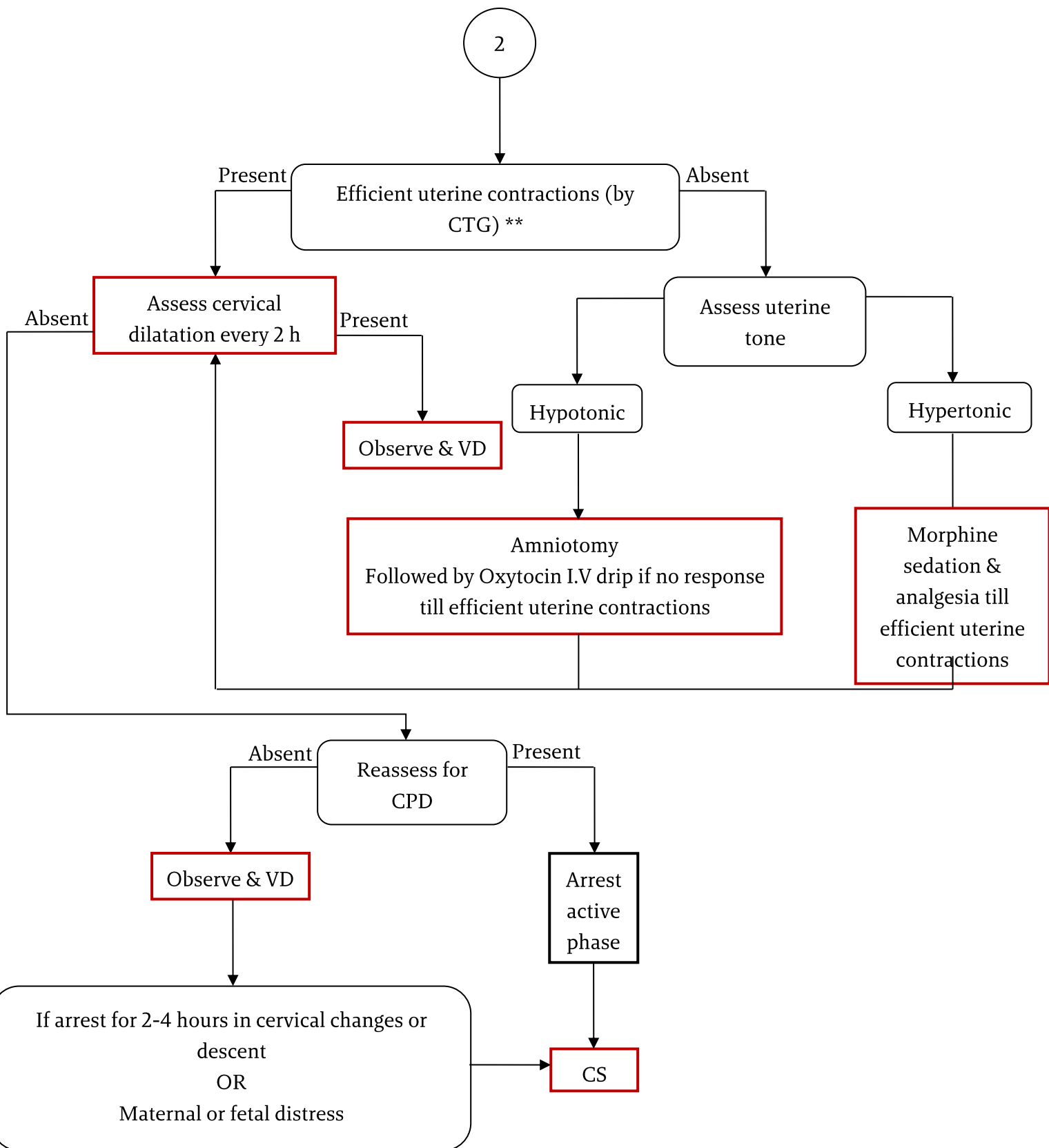
**Answer: B**

*[PE is one of the features]*

---







\*Cervical changes = Dilatation & effacement

\*\*Efficient uterine contraction =

Frequency = 3-10 contractions/min.

Duration of each = 50-60 sec.

Amplitude = 50-60 mmHg (> 200 Montevideo units)

N.B.

-No CS in latent phase management even if distressed mother & fetus in the absence of other CS indications.

-CS indications include CPD, fetal distress, macrosomia, malpresentations, PL PRV,...

---

## 4. NORMAL AND ABNORMAL LABOR

---

### [Anatomy of female pelvis & fetal skull –Normal Labor-Malposition-Malpresentation-CPD-Abnormal labor]

*June 2010*

**1. The following statements regarding face presentation are correct EXCEPT:**

- a. It is a cephalic presentation with head fully extended
- b. The dominator is the mentum
- c. The engaging diameter equal the suboccipito bregmatic diameter in length
- d. Mentoanterior is more common than mentoposterior
- e. Vaginal delivery is only possible if head rotates and mentum becomes in direct posterior position (DMP)

**Answer: E**

**2. Diagnosis of engagement of the head is achieved by:**

- a. Palpating the occiput at the level of the pelvic inlet
- b. Palpating the occiput at the level of the ischial spine
- c. Palpating the occiput at the level of the pelvic outlet
- d. Only vaginal examination
- e. Best by vaginal ultrasound

**Answer: B**

**3. Complications of multiple pregnancy commonly include the following EXCEPT:**

- a. Abnormal presentation
- b. Hyperemesis gravidarum
- c. Preterm labor
- d. Fetopelvic disproportion
- e. Postpartum hemorrhage

**Answer: D**

**4. Locked twins**

- a. is a common complication of twin pregnancy
- b. Usually occur when the first twin is cephalic and the second twin is breech
- c. Usually occurs when both twins are in transverse lie
- d. Can only occur when the first twin is breech and the second twin is cephalic
- e. Disimpaction under anaesthesia is always successful

**Answer: D**

**5. In Occipito Posterior the following are true EXCEPT:**

- a. It is more common in android pelvis
- b. It is a malposition rather than malpresentation
- c. Incidence is 25% early in labor
- d. Left position (LOP) is more common than right position (ROP)
- e. The head after long rotation is delivered by extension as in normal labor

**Answer: D**



**6. Factors interfering with long anterior rotation in OP include one of the following:**

- a. Good uterine contractions
- b. Early correction of deflexion
- c. Contracted pelvis
- d. Very wide pelvis
- e. Intact membranes

**Answer: C**

**7. Cervical dystocia may follow all the following EXCEPT:**

- a. Fothergill's operation
- b. Repeated Shirodkar's or McDonald's cerclage
- c. Conization of cervix
- d. Over cauterization
- e. Previous IUD insertion

**Answer: E**

**8. Contraindications to external cephalic version (ECV) include the following EXCEPT:**

- a. Placenta previa
- b. Oligohydramnios
- c. Polyhydramnios
- d. The presence of subserous fibroid with pregnancy
- e. Multiple gestation

**Answer: D**

**9. Breech presentation should be due to the following EXCEPT:**

- a. Idiopathic
- b. Prematurity
- c. Hydrocephalus
- d. Placenta previa
- e. Contracted pelvic outlet

**Answer: E**

**10. The head is delivered in flexion in the following situations EXCEPT:**

- a. Face mento anterior
- b. Brow presentation
- c. After coming head of breech sacro anterior position
- d. Direct occipitoposterior
- e. Delivery of second twin after internal podalic version and breech extraction

**Answer: B**

**11. In cord prolapse with a dead fetus, in absence of contracted pelvis, with full dilatation, delivery could be accomplished with one of the following EXCEPT:**

- a. Low forceps
- b. Breech extraction
- c. Enhancing uterine contraction by oxytocin
- d. Vacuum extraction
- e. Caesarean section

**Answer: D**

**12. In shoulder presentation, one of the following is correct:**

- a. Contracted outlet of the pelvis is the main cause in multiparas
- b. Dorso-posterior is more common than Dorso-anterior
- c. Pendulous abdomen is the main cause in primigravidas
- d. Abnormality in the shape of the uterus can be a cause in repeated cases in more than one pregnancy
- e. Commonly detected in singleton pregnancy more than twins

**Answer: D**

**13. Complications of multifetal pregnancy include the following EXCEPT:**

- a. Hyperemesis gravidarum
- b. Pressure symptoms
- c. Postpartum hemorrhage
- d. Prolonged pregnancy
- e. Abnormal presentations

**Answer: D**

**14. Precipitate labor & delivery may lead to the following complications EXCEPT:**

- a. Uterine rupture
- b. Amniotic fluid embolism
- c. Vaginal & perineal tears
- d. Fetal birth injuries
- e. Uterine atony

**Answer: A**

**15. In normal vaginal delivery the following are correct EXCEPT:**

- a. The head is delivered by a movement of extension
- b. The head rotates after expulsion 90 degrees
- c. Delivery of the posterior shoulder precedes the anterior one
- d. Episiotomy is not mandatory
- e. The first movement after delivery of the head is called external rotation

**Answer: E**

**16. A fundal level higher than calculated gestational age is possibly caused by:**

- a. Generalized edema
- b. Obesity
- c. Intrauterine growth retardation
- d. Breech presentation
- e. Associated ovarian cyst

**Answer: E**

---

**1<sup>st</sup> endround 2011**

**1. Regarding engagement of the presenting part, all of the following is true EXCEPT:**

- a. Is passage of the widest transverse diameter of the presenting part through the plane of the inlet
- b. Always takes place during the second stage of labor
- c. Is commonly delayed with malpresentation

- d. Commonly occurs early with frank breech
- e. Can be assessed by PV

**Answer: B**

**2. The station at which the lowermost part of presenting part lies at the level of the ischial spine is defined as:**

- a. -2
- b. -1
- c. 0
- d. +1
- e. +2

**Answer: C**

**3. The third stage of labor is characterized by:**

- a. Begins with separation of the placenta
- b. Ends with delivery of the placenta
- c. Is accompanied by an average blood loss of 800 ml
- d. The uterus returns to the pre pregnant size
- e. Is managed by either Schultz method or Duncan method

**Answer: B**

**4. Factors favoring long anterior rotation in cases of occipito posterior include all of the following EXCEPT:**

- a. Well flexed head
- b. Wide pelvic cavity
- c. Strong uterine contractions
- d. Rotation by forceps
- e. Elastic pelvic floor muscles

**Answer: E**

**5. With multifetal pregnancy, there is a higher incidence of all of the following EXCEPT:**

- a. Precipitate labor
- b. Preeclampsia
- c. Malpresentation
- d. Postpartum hemorrhage
- e. Polyhydramnios

**Answer: A**

**6. Pathological retraction ring is due to:**

- a. Thinning of the lower uterine segment
- b. Thinning of the upper uterine segment
- c. Thickening of the lower uterine segment
- d. Persistent localized annular segment
- e. None of the above

**Answer: A**

*[Thickening of UUS and thinning of LUS"]*

2<sup>nd</sup> endround 2011

**1. Factors that hinder long anterior rotation of the occiput (in Occipito posterior) include the following EXCEPT:**

- a. Weak uterine contractions
- b. Strong uterine contractions
- c. Shape of the pelvis (contracted pelvis)
- d. Rigid pelvic floor
- e. Rupture of membrane and drained amniotic fluid

**Answer: B**

**2. Hypertonic dysfunctional labor (Hypertonic inertia) generally can be expected to:**

- a. Be associated with rapid cervical dilatation
- b. Cause little pain
- c. Occur in the active phase of labor
- d. React favorably to oxytocin stimulation
- e. Respond to sedation

**Answer: E**

**3. Asynclitism is best defined as:**

- a. Inability of the fetal head to pass through the pelvic inlet
- b. Failure of descent because of inadequate uterine contractions
- c. Inability of internal rotation after the fetal head has reached the ischial spines
- d. Failure of the sagittal sutures to be exactly midway between the symphysis and the sacral promontory
- e. Flexion of the descending fetal head from pelvic floor resistance

**Answer: D**

**4. Regarding engagement of the presenting part, all the following is true EXCEPT:**

- a. It is passage of widest transverse diameter of the presenting part through the plane of the inlet
- b. Can be diagnosed by second pelvic grip
- c. Is commonly delayed with malpresentations
- d. Commonly occurs early with frank breech
- e. Can be assessed by vaginal examination when the Occiput is felt at or below the level of pelvic inlet

**Answer: E**

*[Engagement can be assessed vaginally when the vertex (Occiput) is felt at or below the level of the ischial spines]*

**5. An abnormal attitude is illustrated by:**

- a. Breech presentation.
- b. Face presentation.
- c. Transverse lie.
- d. Occiput posterior
- e. Occiput anterior

**Answer: B**

*[Fetal attitude is the relation of fetal parts to each other (usually complete flexion attitude while in the face presentation, there's complete extension of the head)].*

**6. The most important measurement in clinical pelvimetry of the inlet is:**

- a. Diagonal conjugate
- b. External conjugate
- c. Interspinous diameter
- d. Intertuberous diameter
- e. Subpubic arch

**Answer: A**

**7. One of the following pelvis is characterized by absence of single alar of the sacrum:**

- a. Robert's pelvis
- b. Naegele's pelvis
- c. Rachitic pelvis
- d. Osteomalacia pelvis
- e. Flat pelvis

**Answer: B**

---

**End round 2012**

**1. Locked twins:**

- a. Is a common complication of twin pregnancy
- b. Usually occurs when the first twin is cephalic and the second twin is breech
- c. Usually occurs when both twins are in the transverse lie
- d. Can occur only occur when the first twin is breech and the second is cephalic
- e. Dis impaction under anaesthesia is always successful

**Answer: D**

**2. One of the following is not an indication of cesarean section in multifetal pregnancy**

- a. Non vertex presentation of the first twin
- b. Vertex presentation of the first twin
- c. Triplets or more fetuses
- d. Monoamniotic twins
- e. Elderly primigravida

**Answer: B**

**3. In fetal skull:**

- a. The biparietal diameter is approximately 10.5 cm at term
- b. The lambdoid suture runs between the frontal and parietal bones
- c. The bregma is the area lying between the parietal and occipital bones
- d. The sub-occipito frontal is the engaging diameter when the head is fully flexed in a vertex
- e. The occiput is the denominator in a vertex presentation

**Answer: E**

**4. Normal labor includes the following:**

- a. Delivery of a 39 weeks baby
- b. Delivery by forceps
- c. Breech delivery
- d. Twin pregnancy delivered vaginally

- e. Delivery of stillborn fetus

**Answer: A**

**5. One of the following is not correct regarding occipito- posterior position:**

- a. Is common in high assimilation pelvis
- b. Occipito-frontal is the presenting diameter
- c. Accounts for 10-20% of vertex presentations in late pregnancy and early labor
- d. A certain degree of deflexion is present
- e. About 30% rotate to direct occipito position as labor progresses

**Answer: E**

---

*June 2012*

**1. Complete breech means:**

- a. Flexion at hip joint and extension in knee joint
- b. Flexion at hip joint and flexion at knee joint
- c. Extension at hip joint
- d. Flexion at knee joint and extension at hip joint
- e. Flexion of one leg at one joint and extension of the other leg at the hip joint

**Answer: B**

**2. Which of the following is not correct regarding true labor pains:**

- a. Involuntary
- b. Rhythmic
- c. Relieved by sedatives
- d. They gradually increase in frequency by time
- e. Associated with progressive dilatation of the cervix

**Answer: C**

**3. Which of the following is correct regarding the first stage of labor:**

- a. Ends with full dilatation of cervix
- b. Results in separation of placenta
- c. Is more than 24 hours in primigravida
- d. Ergotamine could be used to accelerate labor
- e. Rate of cervical dilation exceeds 4 cm/hour in a primigravida

**Answer: A**

**4. Regarding obstructed labor, which of the following is true:**

- a. Diagnosed only when the cervix is fully dilated
- b. Usually predicted before onset of labor
- c. More common in developed countries
- d. Mento-posterior position could be a cause
- e. X-ray pelvimetry is essential to predict cephalo-pelvic disproportion in primigravida

**Answer: D**

**5. The second stage of labor:**

- a. Separation of placenta
- b. Separation of after birth
- c. Expulsion of placenta

- d. Dilation of cervix
- e. Ends with expulsion of fetus

**Answer: E**

**6. In shoulder presentation, which of the following is correct:**

- a. Contracted outlet of the pelvis is the main cause in multipara
- b. Dorso-posterior is more common than dorso-anterior
- c. Pendulous abdomen is the main cause in primigravida
- d. Uterine anomalies can be a cause in recurrent shoulder presentation
- e. Commonly detected in singleton pregnancy more than twins

**Answer: D**

**7. Which of the following is not correct regarding external cephalic version (ECV) of breech:**

- a. Usually is carried out before 37 weeks' gestation
- b. Associated with increased risk of placental abruption
- c. Associated with about 1% risk of fetal mortality
- d. Can significantly reduce incidence of cesarean section
- e. Should ideally be performed under general anesthesia

**Answer: E**

**8. In cases with transverse lie, which of the following is not correct:**

- a. There is associated placenta previa in about 10% of cases
- b. ECV could be performed till the onset of labor
- c. The fetal back is usually anterior
- d. The fetal head is commonly to the mother's left
- e. Of the second twin, cesarean section is the treatment of choice

**Answer: E**

**9. The pain of the second stage of labor is conveyed by which nerve:**

- a. Para-cervical
- b. Ilio-inguinal
- c. Pudendal
- d. Genitofemoral
- e. Ilio-hypogastric

**Answer: C**

### *1<sup>st</sup> endround 2013*

**1. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent side walls, prominent ischial spines, and narrow pubic arch.**

- a. Android
- b. Gynaecoid
- c. Platypelloid
- d. Mixed

**Answer: A**

**2. Partogram:**

- a. Is used by the patient to record the uterine contractions

- b. Is done before diagnosis of labor
- c. Measures progression of labor
- d. Is of utmost importance in the latent phase

**Answer: C**

**3. Which of the following is not correct regarding true labour pains:**

- a. Rhythmic
- b. Relieved by sedatives
- c. Gradually increase in frequency by time
- d. Associated with bulging bag of fore waters

**Answer: B**

**4. Factors that hinder long anterior rotation of the occiput include the following EXCEPT:**

- a. Epidural analgesia
- b. High assimilation pelvis
- c. Too rigid pelvic floor
- d. Well flexed head

**Answer: D**

**5. Which of the following represents the most common cause for breech presentation at the onset of labour:**

- a. Prematurity.
- b. Placenta previa
- c. Multiple pregnancies
- d. Breech presentation at term in a previous pregnancy

**Answer: A**

**6. Which of the following statements is correct regarding face presentation:**

- a. Diagnosis is easy by abdominal palpation
- b. The engaging diameter is submento-bregmatic
- c. The mento-vertical diameter will distend the vulva during delivery
- d. Contracted pelvis is the main cause especially in multipara

**Answer: B**

**7. Possible effects of occipito-posterior position include the following EXCEPT:**

- a. Short latent phase
- b. Prolonged active phase
- c. Prolonged second phase
- d. Higher incidence of instrumental deliveries

**Answer: A**

**8. Internal podalic version is usually reserved for which clinical setting:**

- a. Frank breech deliveries
- b. Complete breech deliveries
- c. Delivery of an aftercoming twin
- d. Preterm breech deliveries, regardless of presentation

**Answer: C**



June 2013

**1. Which of the following is a sign of placental separation:**

- a. Umbilical cord appears to shorten
- b. Uterus shrinks down as the placenta moves into the lower uterine segment
- c. Sudden gush of blood
- d. Uterus softens

**Answer: C**

**2. Which of the following is not correct regarding true labor pains:**

- a. Involuntary
- b. Continuous
- c. Gradually increase in frequency by time
- d. Associated with bulging of fore-waters

**Answer: B**

**3. Partogram:**

- a. Used by the patient to record uterine contractions
- b. Done before diagnosis of labor
- c. Measures progress of labor
- d. Of utmost importance in latent phase

**Answer: C**

**4. The advantage of the Ritgen's maneuver is which of the following:**

- a. It favors neck flexion
- b. It allows controlled delivery of the head
- c. It decreases the likelihood of a third degree laceration
- d. It prevents shoulder dystocia

**Answer: B**

**5. Which of the following is the most common postpartum complication of precipitate labor:**

- a. Hemorrhage
- b. Endometritis
- c. Poor mother-neonate bonding
- d. Vulvar hematoma

**Answer: A**

**6. Incoordinate uterine contractions include the following EXCEPT:**

- a. Contraction ring
- b. Cervical incompetence
- c. Colicky uterus
- d. Retraction ring

**Answer: D**

*[Abnormal uterine actions can be hypofunction, hyperfunction or incoordination. Hyperfunction: with obstruction: OBSTRUCTED LABOR (with pathological retraction ring)]*

**7. Possible effects of occipito-posterior position include the following EXCEPT:**

- a. Early rupture of membranes
- b. Prolonged second stage
- c. Shoulder dystocia
- d. Higher incidence of instrumental deliveries

**Answer: C**

**8. In managing multi-focal pregnancies, which of the following is true:**

- a. Mono-amniotic twins are associated with less perinatal mortality than diamniotic twins
- b. The smaller the fetal weight (< 2 kg), the more likely the vaginal route is chosen
- c. The larger the fetal number, the more the chance of vaginal delivery
- d. Extra antenatal care is needed for pregnant women

**Answer: D**

**9. Which of the following is not correct regarding twin delivery:**

- a. The first twin is at greater risk than the second
- b. Cephalic-cephalic presentation is the most common
- c. Labor usually occurs prior to term
- d. There is a risk of postpartum hemorrhage

**Answer: A**

---

*June 2014*

**1. The shortest antero-posterior diameter of the pelvic inlet is:**

- a. True conjugate
- b. Obstetrical conjugate
- c. Diagonal conjugate
- d. None of the above

**Answer: B**

**2. The shortest diameter in fetal head is:**

- a. Biparietal diameter
- b. Sub-occipito frontal diameter
- c. Occipito frontal diameter
- d. Bitemporal diameter

**Answer: D**

**3. Contraindications to breech vaginal delivery include:**

- a. Frank breech
- b. Complete breech
- c. Hyperextended head
- d. After coming breech presenting twin

**Answer: C**

**4. At which of the following time periods of zygotic division does the formation of dichorionic, diamniotic twins occur following fertilization:**

- a. 264 hours
- b. 120 and  $\leq$  240 hours
- c. 72 and  $\leq$  120 hours
- d.  $\leq$  72 hours

**Answer: D**

**5. Delay in second stage of labor may be caused by the following EXCEPT:**

- a. A rigid peritoneum
- b. Cervical stenosis
- c. An effective epidural analgesia
- d. Maternal exhaustion

**Answer: B**

**6. Prerequisites of performing a procedure which involves turning the fetus in order to effect delivery by breech extraction include the following EXCEPT:**

- a. Second twin
- b. Early ruptured membrane
- c. Fully dilated cervix
- d. Anesthesia

**Answer: B**

**7. The persistence of which of the following is usually incompatible with spontaneous delivery at term:**

- a. Occiput-left posterior
- b. Sacrum posterior
- c. Mentum-posterior
- d. Occiput-anterior

**Answer: C**

**8. There is a recognized association between breech presentation at term and the following EXCEPT:**

- a. Increased risk of fetal anomaly
- b. Increased perinatal morbidity
- c. Previous history of breech presentation
- d. Abruptio-placentae

**Answer: D**

**9. Persistent occipito-posterior position is associated with the following EXCEPT:**

- a. Complete fetal neck extension
- b. Prolonged labor
- c. Increased use of oxytocin
- d. Increased incidence of perineal lacerations

**Answer: A**

**10. The following can result in arrest of delivery of the aftercoming head EXCEPT:**

- a. Placenta previa
- b. Hydrocephalus
- c. Extended fetal head
- d. Posterior rotation of fetal head

**Answer: A**

**11. When correctly applied to a fetus in an occiput anterior position, forceps align along which fetal head diameter:**

- a. Bitemporal
- b. Occipitofrontal
- c. Mentovertical
- d. Suboccipito bregmatic

**Answer: C**

**12. A 27-year-old primigravida is on labor for 8 hours and her cervical diameter remains 4 cm for 4 hours. On vaginal examination, the fetal position is left anterior, no caput nor molding, station is 1 cm below ischial spine. What is the most appropriate measure to be taken:**

- a. Immediate LSCS
- b. Review in 4 hours
- c. Start an oxytocin infusion
- d. Ask the patient to bear down

**Answer: C**

---

*June 2016*

**1. True labor pains are characterized by the following EXCEPT:**

- a. Being rhythmic
- b. Being voluntary
- c. Gradual increase in frequency by time
- d. Being relieved by epidural analgesia

**Answer: B**

**2. After complete cervical dilation, which of the following is the most important for expulsion of the fetus:**

- a. Uterine contractions
- b. Perineal body elasticity
- c. Levator ani tensile strength
- d. Maternal intra-abdominal pressure

**Answer: A**

**3. The advantage of Ritgen's maneuver is which of the following:**

- a. It favors neck flexion
- b. It decreases the likelihood of 3<sup>rd</sup> degree laceration
- c. It prevents shoulder dystocia
- d. It allows controlled delivery of the head

**Answer: D**

**4. Which of the following is a sign of placental separation:**

- a. Sudden gush of blood
- b. Umbilical cord appears to shorten
- c. Uterus shrinks down as placenta moves into lower uterine segment
- d. Uterus softens

**Answer: A**

**5. The most common cause of perinatal death in mono-amniotic twin is:**

- a. Cord entrapment
- b. Twin transfusion syndrome
- c. Lethal congenital anomalies
- d. Placental abruption

**Answer: A**

**6. Which of the following is associated with the highest number of cord complications:**

- a. Monoamniotic monochorionic twin placenta
- b. Placenta previa
- c. Placenta accreta
- d. Placenta circumvallate

**Answer: A**

**7. At which of the following time periods of zygotic division does the formation of dichorionic diamniotic twins occur following fertilization:**

- a.  $\leq 72$  hours
- b.  $> 264$  hours
- c.  $> 120$  and  $\leq 240$  hours
- d.  $> 72$  and  $\leq 120$  hours

**Answer: A**

**8. Monochorionicity in a twin pregnancy can be expected by the presence of all the following ultrasound features EXCEPT:**

- a. Separate placental disks
- b. T-shaped junction of amnion into chorion
- c. Fetuses of the same gender
- d. Very thin intertwin membrane

**Answer: A.**

**9. The most accepted indication for internal podalic version in modern obstetrics is:**

- a. Retained second twin
- b. Frank breech deliveries
- c. Complete breech deliveries
- d. Preterm breech deliveries, regardless of presentation

**Answer: A**

---

## 5. OBSTETRIC COMPLICATIONS

---

### [Obstetric trauma-3<sup>rd</sup> stage complications-Puerperium]

*June 2010*

**1. Etiology of oligohydramnios includes the following EXCEPT:**

- a. Placental insufficiency
- b. Fetal renal congenital anomalies
- c. Fetal heart failure
- d. Undiagnosed PROM
- e. Drugs as Indomethacin

**Answer: C**

**2. Etiology of polyhydramnios includes one of the following:**

- a. Hydrocephalus
- b. Small placenta
- c. Fetal oesophageal and duodenal atresia
- d. Obstruction of the fetal arterial circulation
- e. None of the above

**Answer: C**

*[No swallowing of amniotic fluid]*

**3. Neurogenic shock in obstetrics may occur secondary to EXCEPT:**

- a. Concealed accidental hemorrhage
- b. Acute inversion of the uterus
- c. Early undisturbed tubal pregnancy
- d. Difficult internal version
- e. Repeat rough attempts at Crede's method

**Answer: C**

**4. Retained placenta:**

- a. is a condition in which placenta fails to be expelled within 2 hours after delivery
- b. is a condition in which placenta fails to be separated from the uterus
- c. Its incidence is about 5% of all deliveries
- d. Is a condition in which placenta fails to be expelled within 30 minutes after delivery
- e. More common to happen when placenta is fundal posterior

**Answer: D**

**5. The following are predisposing factors for rupture uterus at the site of previous scar EXCEPT:**

- a. Improper hemostasis during previous surgery
- b. Postoperative infection
- c. Preterm start of labor
- d. Implantation of the placenta over the scar
- e. Use of stimulants in a scarred uterus

**Answer: C**

**6. Pelvic thrombophlebitis in the puerperium commonly:**

- a. Occurs in the first week post delivery
- b. Occurs in the second week post delivery
- c. Occurs in the third week post delivery
- d. Occurs in the fourth week post delivery
- e. Occurs only after operative delivery

**Answer: B**

**7. Etiology of asymmetrical IUGR (type 2) include all of the following EXCEPT:**

- a. Fetal chromosomal abnormalities (trisomies)
- b. Reducing uteroplacental blood flow as with hypertensive disorders
- c. Restriction of oxygen and nutrient transfer as with sickle cell anemia
- d. Reducing placental size with infarcts as with PIH and diabetes
- e. Commonly due to maternal diseases that are extrinsic to the fetus

**Answer: A**

**8. The most common cause of pregnancy related hypofibrinogenemia include one of the following:**

- a. Amniotic fluid embolism
- b. Acute fatty liver of pregnancy
- c. Retained dead fetus (more than 4 weeks)
- d. Sepsis
- e. Placental abruption

**Answer: E**

**9. In hemorrhagic shock:**

- a. Pulse is slow
- b. Patient is apathic and quiet
- c. Superficial veins are collapsed
- d. Respiration is slow and shallow
- e. There is always hemoconcentration

**Answer: C**

---

**1<sup>st</sup> endround 2011**

**A 30 years old woman is admitted to hospital 4 days after normal vaginal delivery. She presented with heavy fresh vaginal bleeding and clots. On examination she has a temperature of 38.5 C. vaginal examination revealed blood clots and the cervix admits 2 fingers and is edematous. The most likely diagnosis is:**

- a. Endometriosis
- b. Infected laceration
- c. Mastitis
- d. Pneumonia
- e. Chest infection

**Answer: B**

2<sup>nd</sup> endround 2011

**1. Which one of the following statements about amniotic fluid is correct:**

- a. The volume of amniotic fluid has no prognostic value in pregnancy
- b. A small sized placenta may be a cause for polyhydramnios
- c. A decreased amniotic fluid volume may be associated with fetal chromosomal abnormalities
- d. Amniotic fluid is derived solely from the amnion at 36 weeks
- e. Amniotic fluid contains bilirubin in healthy pregnancies

**Answer: C**

*[- Amniotic fluid volume has an important prognostic value that's why it's considered as part of the assessment of fetal wellbeing and also it may be decreased in cases with placental insufficiency and IUGR and hence can be considered of prognostic value.*

*- A small sized placenta does not cause polyhydramnios on the contrary a large sized placenta is the one that produces polyhydramnios.*

*- Amniotic fluid is produced mainly by the fetus at 36 weeks.*

*- Amniotic fluid may abnormally contain bilirubin in cases with hydrops fetalis.]*

**2. The following potential treatments could be used in the initial care of secondary postpartum hemorrhage EXCEPT:**

- a. Methylergonovine maleate (Methergine)
- b. Oxytocin injection (Pitocin)
- c. Ergonovine maleate (Ergotrate)
- d. Prostaglandins
- e. Dilatation and curettage

**Answer: E**

---

End round 2012

**1. Secondary sites of infection in periparturient sepsis include the followings EXCEPT:**

- a. Peritonitis
- b. Infected lacerations
- c. Pelvic cellulitis
- d. Salpingo-oophoritis
- e. Pelvic thrombophlebitis

**Answer: B**

**2. Fetal death is defined as the death of:**

- a. A fetus in utero weighing 1000 gm or less
- b. A non viable fetus before and after birth
- c. An infant weighing 2500 gm or less
- d. Any conceptus before birth
- e. A fetus in utero weighing 500 gm or more

**Answer: E**

---



June 2012

**1. The most common reason for postdate pregnancy is:**

- a. Inaccurate gestational age
- b. Fetal anencephaly
- c. Oligohydramnios
- d. IUGR
- e. Advanced maternal age

**Answer: A**

**2. All the following conditions result in polyhydramnios, EXCEPT:**

- a. Duodenal atresia
- b. Spina bifida
- c. Renal agenesis
- d. Anencephaly
- e. Fetal hydrops

**Answer: C**

**3. Which of the following is correct regarding secondary postpartum hemorrhage:**

- a. Diagnosed only when bleeding occurs 72 hours after delivery
- b. Contraindicates breast feeding
- c. The commonest cause is cervical tears
- d. Very common when the patient delivers a congenitally abnormal baby
- e. Retained placental tissue could be a cause

**Answer: E**

**4. All the following are risk factors of preterm labor, EXCEPT:**

- a. UTI
- b. Vaginal candidiasis
- c. Multiple pregnancies
- d. Polyhydramnios
- e. Placenta previa

**Answer: B**

**5. Pelvic thrombophlebitis in the puerperium commonly occurs in:**

- a. 1<sup>st</sup> week post delivery
- b. 2<sup>nd</sup> week post delivery
- c. 3<sup>rd</sup> week post delivery
- d. 4<sup>th</sup> week post delivery
- e. Only after operative delivery

**Answer: B**

**6. Obstetric causes of neurogenic shock include the following, EXCEPT:**

- a. Disturbed extra-uterine pregnancy
- b. Difficult internal version
- c. Unavoidable antepartum hemorrhage
- d. Repeat rough attempts at Crede's method
- e. Acute inversion of the uterus

**Answer: C**

*1<sup>st</sup> endround 2013*

**1. A 40 year old woman is hospitalized for hemorrhagic shock. Her kidney function is normal. What is the most sensitive and reliable clinical criterion for determining severity of volume loss:**

- a. Tachycardia
- b. Tachypnea
- c. Oliguria
- d. Hypotension

**Answer: C**

**2. Which of the following is not correct regarding pathological retraction ring:**

- a. Lies always between the upper and lower uterine segment
- b. Felt and seen abdominally
- c. Rises up with time
- d. Characteristically it relaxes by using antispasmodics

**Answer: D**

---

*June 2013*

**1. Chorioamnionitis should be suspected in cases of premature rupture of membranes if the following are present EXCEPT:**

- a. Maternal white cell count rises
- b. Liquor stops draining
- c. Maternal pyrexia occurs
- d. The fetus becomes tachycardic

**Answer: B**

**2. Which of the following is correct regarding secondary postpartum hemorrhage:**

- a. Diagnosed only when bleeding occurs 72 hours after delivery
- b. Contraindicates breast feeding
- c. Very common when the patient delivers a congenitally abnormal baby
- d. Retained placental tissue could be a cause

**Answer: D**

---

*June 2014*

**1. Recognized causes of spontaneous preterm labor include:**

- a. Pre-eclampsia
- b. Previous CS
- c. Gestational diabetes
- d. Pyelonephritis

**Answer: D**

**2. Specific management of hypertonic inertia include the following EXCEPT:**

- a. Epidural analgesia
- b. Oxytocin infusion
- c. Antispasmodics
- d. Cesarean section

**Answer: B**

**3. Maternal obesity is associated with all EXCEPT which maternal complication:**

- a. Pre-eclampsia
- b. Cesarean delivery
- c. Gestational diabetes
- d. Spontaneous preterm labor

**Answer: D**

**4. Screening methods to identify IUGR include all EXCEPT:**

- a. Serial fundic-height measurement
- b. Amniocentesis
- c. Doppler velocimetry
- d. Serial sonography

**Answer: B**

**5. The most common risk factor associated with fetal macrosomia is:**

- a. Post-term pregnancy
- b. Pre-pregnancy maternal weight > 90 kg
- c. Maternal diabetes
- d. Multiparity

**Answer: C**

**6. Bleeding associating uterine subinvolutions typically not treated with which of the following agents:**

- a. Antibiotics
- b. Oral estrogen
- c. Methyergonovine
- d. Misoprostol

**Answer: B**

**7. Which of the following is not correct regarding class II hypovolemic shock:**

- a. Blood volume loss ranges between 15-30%
- b. Urine output ranges between 20-30 ml/hr
- c. Pulse rate exceeding 120 beats/minute
- d. Normal supine blood pressure

**Answer: C**

June 2016

**1. Which of the following is associated with 3<sup>rd</sup> and 4<sup>th</sup> degree laceration:**

- a. Multiparity
- b. Occiput anterior position
- c. Use of mediolateral episiotomy
- d. Arrest of 2<sup>nd</sup> stage of labor

**Answer: D**

**2. What is the greatest risk factor for uterine dehiscence or incomplete uterine rupture:**

- a. Prior cesarean delivery
- b. Use of uterotonic agents
- c. Grand multiparity
- d. Multifetal gestation

**Answer: A**

**3. In early pregnancy, amniotic fluid is composed of which of the following:**

- a. Fetal urine
- b. Fetal pulmonary fluid
- c. Ultrafiltrate of maternal plasma
- d. Extracellular fluid that diffuses through fetal skin

**Answer: C**

**4. Lochia, in its various forms, typically resolves after how many weeks post-partum:**

- a. 1 week
- b. 5 weeks
- c. 9 weeks
- d. 13 weeks

**Answer: B**

**5. Secondary sites of infection in puerperal sepsis include the following EXCEPT:**

- a. Infected lacerations
- b. Parametritis
- c. Peritonitis
- d. Pelvic thrombophlebitis

**Answer: A**

**6. A 23-year-old woman (gravida 2, para 2) calls her physician 7 days postpartum because she is concerned that she is still bleeding from the vagina. It would be appropriate to tell the woman that it is normal for bloody lochia to last up to:**

- a. 2 days
- b. 8 days
- c. 11 days
- d. 14 days

**Answer: D**

---

## 6. NEONATAL & FETAL COMPLICATIONS

---

[Fetal surveillance-Dysproportionate fetal growth-asphyxia-birth injuries]

June 2010

**1. Caput saccidaneum:**

- a. Resolves spontaneously after labor
- b. May lead to jaundice of the baby postpartum
- c. Indicates a traumatic vaginal delivery
- d. Indicates that the fetal head is engaged
- e. It is a sign of intrauterine fetal death

**Answer: A**

**2. Causes of neonatal mortality include the following EXCEPT:**

- a. Prematurity
- b. Asphyxia neonatorum
- c. Birth injuries
- d. Congenital anomalies of the fetus
- e. Knots of the cord

**Answer: E**

**3. Causes of intrauterine asphyxia include the following EXCEPT:**

- a. Tight coils around the neck
- b. False knots of the cord
- c. Prolapsed cord
- d. Compression of the vessels by the hematoma of the cord
- e. Rupture of vasa previa

**Answer: B**

**4. The following constitute features of Apgar score EXCEPT:**

- a. Appearance (color)
- b. Grimace (reflex)
- c. Activity (muscle tone)
- d. Respiration
- e. Body weight

**Answer: E**

---

June 2012

**1. Regarding early decelerations, which of the following is correct:**

- a. Associated with unengaged head
- b. Associated usually with brain hypoxia
- c. Represent decrease in fetal heart beats that peaks after uterine contraction
- d. An indication of cesarean section
- e. Results from head compression

**Answer: A**

**2. Fetal response to placental insufficiency include the following, EXCEPT:**

- a. Redistribution of blood flow preferentially to the brain and fetal heart
- b. Symmetric IUGR
- c. Oligohydramnios
- d. Decreased fetal movement
- e. Disturbance of fetal heart rate

**Answer: B**

---

***1<sup>st</sup> endround 2013***

**1. Methods for antepartum fetal assessment include the following EXCEPT:**

- a. APGAR score
- b. antepartum fetal heart testing
- c. modified biophysical profile
- d. Doppler velocimetry

**Answer: A**

**2. Which of the following is not correct regarding caput succedaneum:**

- a. Edges are well defined
- b. Overlap sutures and cover more than one bone
- c. Disappears within 1-2 days after delivery
- d. Skin may be ecchymotic

**Answer: A**

---

***June 2013***

**1. Which of the following contributes to transient tachypnea of newborn:**

- a. Delay in removal of fluid from alveoli
- b. Hypoxia
- c. Hypercapnia
- d. Hypothermia

**Answer: A**

**2. Indications for endotracheal intubation typically include all the following EXCEPT:**

- a. Congenital diaphragmatic hernia
- b. Need for chest compression
- c. Cyanotic fetal extremities
- d. Prolonged bag-mask ventilation

**Answer: C**

**3. What is the most common clinical setting for fetal or neonatal interventricular hemorrhage:**

- a. Eclampsia
- b. Forceps delivery.
- c. Maternal alcohol use
- d. Preterm delivery

**Answer: D**

**4. In general, women with lower maternal weight gain during pregnancy are at increased risk for which outcome:**

- a. Small-for-gestational age infant
- b. Gestational diabetes
- c. Pre-eclampsia
- d. Cesarean delivery

**Answer: A**

---

**June 2014**

**13. Which of the following are signs of physical maturity in a newborn:**

- a. Flat pinna
- b. Fused eyes
- c. Translucent skin
- d. Descended testes

**Answer: D**

**14. The most common deceleration patterns encountered during labor attributed to umbilical cord occlusion would be:**

- a. Early deceleration
- b. Late deceleration
- c. Prolonged deceleration
- d. Variable deceleration

**Answer: D**

---

**June 2016**

**Signs of intrapartum fetal distress include the following EXCEPT:**

- a. Passage of meconium in breech presentation.
- b. Absence of beat to beat variability.
- c. Baseline tachycardia > 160 bpm.
- d. Fetal pH < 7.2.

**Answer: A**

---

---

## 7. MISCELLANEOUS

---

[History & Ex.-fertilization-placenta-changes during pregnancy-ANC-CFMF-Operative]

June 2010

**1. Causes of acute abdomen with pregnancy include the following EXCEPT:**

- a. Placental abruption
- b. Complicated fibroid
- c. Ruptured tubal pregnancy
- d. Acute pyelonephritis
- e. Vasa previa

**Answer: E**

**2. Indications of upper segment cesarean section (USCS) include the following EXCEPT:**

- a. If the lower uterine segment is not accessible
- b. High vesicovaginal fistula (successfully repaired)
- c. Impacted shoulder presentation
- d. Face presentation
- e. If CS hysterectomy is indicated

**Answer: D (or E !!)**

**3. Indications of trial vaginal delivery following previous CS include one of the following:**

- a. No tenderness over the CS scar
- b. When only previous CS were less than 3 times
- c. If previous CS was classical upper segment
- d. Previous myomectomy before the last CS
- e. Previous puerperium with moderate complications

**Answer: A**

**4. Prerequisites before forceps application include the following EXCEPT:**

- a. The cervix should be fully dilated
- b. The head should be engaged
- c. Cephalopelvic disproportion should be excluded
- d. The membranes ( forewater) should be intact
- e. Presence of adequate uterine contractions

**Answer: D**

**5. Induction of abortion in the first trimester:**

- a. Commonly achieved using high dose of oxytocin infusion
- b. Commonly achieved by vacuum aspiration to evacuate the uterus
- c. Better achieved by abdominal hysterectomy
- d. Better achieved by abdominal hysterotomy
- e. Cannot be achieved except by surgical means

**Answer: B**



**6. The Bishop score:**

- a. Is an accepted method of recording dilatation of the cervix
- b. Is an accepted method of recording dilatation of the cervix and the cervical length
- c. Is an accepted method of recording dilatation of the cervix and the level of the fetal head
- d. Is an accepted method of recording consistency of the cervix and the cervical length
- e. Is an accepted method of recording cervical length, cervical dilatation, consistency of the cervix and the level of the fetal head

**Answer: E**

**7. The elderly primigravida:**

- a. Applied to the primigravida whose age is above 30 years
- b. Applied to pregnant women with less than 2 pregnancies and above the age of 30 years
- c. Applied to the primigravida whose age is above 35 years
- d. Applied to any pregnant woman above the age of 40 years
- e. Applied to primigravida whose age is above 45 years

**Answer: C**

**8. Advantages of vaginal hysterectomy include all of the following EXCEPT:**

- a. Absence of an abdominal scar
- b. Lower incidence of intestinal complications
- c. An associated genital prolapse can be treated at the same time
- d. Lower incidence of peritonitis
- e. It is safe and easier in the presence of pelvic adhesions

**Answer: E**

**9. Regarding uterine perforation during D & C one of the following is not correct:**

- a. May occur with the use of sound, dilator or curette
- b. Is more liable to occur during the evacuation of a pregnant uterus
- c. Is more liable to occur in the presence of uterine malignancy
- d. May result in severe bleeding
- e. Always treated conservatively

**Answer: E**

---

**1<sup>st</sup> endround 2011**

**1. A woman is classified as a nulligravida if she has:**

- a. Never been pregnant
- b. Had one abortion
- c. Had one pregnancy
- d. Never delivered a full term baby
- e. Never delivered a live born baby

**Answer: A**

**2. In diagnosis of pregnancy, all of the following are true EXCEPT:**

- a. Frequency of micturition starts early in pregnancy
- b. Breast changes are all reversible by the end of pregnancy
- c. Nausea and vomiting start 4-6 weeks after the missed period
- d. Beta HCG can be detected in the blood 1 week before the missed period
- e. Beta HCG can be detected in the urine few days after the missed period

**Answer: B**

**3. Pigmentation of the skin of the cheeks and part of the nose during pregnancy is called:**

- a. Striae gravidarum
- b. Linea gravidarum
- c. Chloasma
- d. Melasma
- e. None of the above

**Answer: C**

**4. During the return visits of antenatal care, all of the following are true EXCEPT:**

- a. The patient is asked about any complaints
- b. The patient is asked about warning symptoms
- c. The fundal level should be measured and recorded at each visit after 12 weeks
- d. Blood pressure should be measured and recorded every visit
- e. Ultrasonography should be done every other visit

**Answer: C After 20 weeks"**

**5. During pregnancy, diet alone does not provide the requirements of:**

- a. Iron
- b. Magnesium
- c. Vitamin C
- d. Calcium
- e. Folic acid

**Answer: A**

**6. The recommended daily dose of folic acid during the preconceptional period and early pregnancy is .. microgram:**

- a. 10
- b. 40
- c. 100
- d. 400
- e. 1000

**Answer: D**

*[400, for normal Patients. 800 in history of RPL and Patients on Antiepileptic medication. 4 g for patients with history of pregnancy with Anencephaly]*

---

2<sup>nd</sup> endround 2011

**1. The term "Parity" describes:**

- a. Total number of pregnancies
- b. Total number of fetuses delivered
- c. Number of live fetuses delivered
- d. Number of vaginal deliveries
- e. Number of full term deliveries

**Answer: B**

*[Parity stands for number of previous deliveries (full term, pre term & still birth)]*

**2. In the evaluation of 26 year old patient with 4 months of secondary amenorrhea, serum prolactin &  $\beta$ -hCG assays were requested. The  $\beta$ -hCG test is positive, and the prolactin level is 100 ng/mL. This patient requires which of the following:**

- a. Routine obstetric care
- b. Computed tomography (CT) scan of her sella turcica
- c. Repeat measurements of serum prolactin
- d. Bromocriptin to suppress prolactin
- e. Evaluation for possible hypothyroidism

**Answer: A**

*[Normally, prolactin level increases during pregnancy]*

**3. After birth, the following changes occur in the fetus EXCEPT:**

- a. The foramen ovale closes
- b. Lung fluid is forced out of the fetal alveoli with the first few breaths
- c. The ductus arteriosus opens
- d. Haemoglobin F is replaced by haemoglobin A
- e. The umbilical vein and artery close

**Answer: C**

**4. One of the following statements is correct regarding  $\beta$ -hCG:**

- a.  $\beta$ -hCG begins to rise two weeks after fertilization
- b.  $\beta$ -hCG is measured using a monoclonal antibody radioimmunoassay
- c. the  $\beta$ -subunit is the same as TSH and FSH
- d.  $\beta$ -hCG level continues to rise till the end of pregnancy
- e.  $\beta$ -hCG is a polypeptide protein produced by the hypothalamus

**Answer: B**

---

End round 2012

**1. Warning symptoms that are given to a pregnant lady include the following EXCEPT:**

- a. Bleeding per vagina
- b. Excessive salivation (ptyalism)
- c. Sudden loss of fluid per vagina
- d. Abdominal pain
- e. Leg cramps

**Answer: B**

**2. During antenatal care, the use of which vaccine is absolutely contraindicated:**

- a. Hepatitis B
- b. Cholera
- c. Yellow fever
- d. Rabies
- e. Influenza

**Answer: C**

**3. Separation of the placenta occurs to:**

- a. Spongiosa layer of decidua vera
- b. Compacta layer of deciduas basalis
- c. Spongiosa layer of decidua basalis
- d. Compacta layer of decidua capsularis
- e. Muscularis layer of placental site

**Answer: C**

---

*June 2012*

**1. The patient is 8 weeks pregnant, which one of the following U/S measurement is most useful:**

- a. Biparietal diameter
- b. Femur length
- c. Placental site
- d. Crown Ramp length
- e. Abdominal circumference

**Answer: D**

**2. The following are considered normal symptoms of pregnancy, EXCEPT:**

- a. Backache due to increased lumbar lordosis
- b. Lower abdominal pain due to stretch of round ligaments
- c. Visual disturbances
- d. Calf pain due to muscle spasm
- e. Increased vaginal discharge

**Answer: C**

**3. The following are normal changes in pregnancy, EXCEPT:**

- a. Increased plasma volume
- b. Decreased RBCs mass
- c. Increased stroke volume
- d. Increased cardiac output
- e. Increase in heart rate

**Answer: B**

**4. Physiological changes in reproductive system during pregnancy include the following:**

- a. Alkaline vaginal pH
- b. The uterus first enlarges by hyperplasia and then hypertrophy
- c. The cervix becomes firm
- d. Dry vagina

- e. Lower segment of the uterus starts to be formed in the third trimester

**Answer: B**

**5. Contraindications for induction of labor include:**

- a. Classical cesarean section
- b. Chorioamnionitis
- c. Post date
- d. Severe PET at 36 weeks
- e. GDM

**Answer: A**

**6. All the following hormones are products of placental synthesis, EXCEPT:**

- a. hCG
- b. hPL
- c. Prolactin
- d. Progesterone
- e. Estriol

**Answer: C**

**7. Which of the following is not an indication of CS to breech presentation:**

- a. Fetal weight > 3.5 kg
- b. Fetal weight < 2.5 kg
- c. Footling presentation
- d. Twins where the second fetus is breech
- e. Hyperextension of the fetal head

**Answer: D**

**8. Compared with a midline episiotomy, an advantage of medio-lateral episiotomy is:**

- a. Ease of repair
- b. Fewer break downs
- c. Lower blood loss
- d. Less dyspareunia
- e. Less extension of the incision

**Answer: E**

**9. Which of the following is an indication of an emergency lower transverse cesarean section:**

- a. Previous lower transverse cesarean section
- b. Patient with a prolonged cord and a dead fetus
- c. Cardiac disease of the mother
- d. Multiple gestations
- e. Prolonged labor due to brow presentation

**Answer: E**

**10. After birth, the following changes occur in fetus, EXCEPT: (June 2012-endround 2013)**

- a. The foramen ovale closes
- b. Lung fluid is forced out of the fetal alveoli with the first few breaths
- c. The ductus arteriosus opens
- d. Hemoglobin F is replaced by hemoglobin A
- e. The umbilical vein and artery close

**Answer: C**

**11. Induction of abortion in the first trimester:**

- a. Commonly achieved using high dose of oxytocin infusion
- b. Commonly achieved by suction evacuation
- c. Better achieved by abdominal hysterectomy
- d. Better achieved by abdominal hysterotomy
- e. Can't be achieved EXCEPT by surgical means

**Answer: B**

**12. Which of the following is not correct regarding oxytocin:**

- a. Is a nonapeptide
- b. Is synthesized in the posterior lobe of pituitary gland
- c. Receptor concentration in the uterus increases towards the end of pregnancy
- d. Secretion is stimulated by suckling
- e. Has some antidiuretic action

**Answer: B**

**13. The grand multipara is characterized by the following, EXCEPT:**

- a. Highest perinatal mortality
- b. Pendulous abdomen with malpresentation
- c. A woman who had 4 or more previous deliveries
- d. Higher incidence of obstructed labor and rupture uterus
- e. Higher incidence of postpartum hemorrhage

**Answer: A**

**14. Indications of vertical LUS incision (Kronig's incision) include the following, EXCEPT:**

- a. Constriction ring
- b. Varicose veins in the broad ligaments
- c. Head deeply engaged in the pelvis
- d. Microcephalus
- e. Some cases of PTL

**Answer: D**

**15. Indications of amniotomy include the following, EXCEPT:**

- a. Placental abruption
- b. Prolapse of the cord
- c. Intra-amniotic infection.
- d. Soft tissue injury of the fetus
- e. Complications of anesthesia

**Answer: B**

**16. Human placental lactogen (hPL) is characterized by the following, EXCEPT:**

- a. A large protein hormone
- b. Induce maternal hypoglycemia
- c. Stimulates lipolysis
- d. Inhibits gluconeogenesis
- e. Secreted from cytotrophoblasts

**Answer: E**

**17. Regarding fertilization and implantation:**

- a. Fertilization occurs in the inner third of fallopian tube
- b. The sperm head penetrates through corona radiata and zona pellucida while the tail remains outside
- c. The 2<sup>nd</sup> meiotic division is completed before fertilization
- d. Implantation occurs in morula stage
- e. The trophoblast invades the endometrium and differentiates into outer cytotrophoblast and inner syncytiotrophoblast

**Answer: B**

---

*1<sup>st</sup> endround 2013*

**Which of the following is not correct regarding human chorionic gonadotrophin (hCG):**

- a. Prolongs corpus luteum activity
- b. Its secretion reaches a maximum at 8-10 weeks of gestation
- c. Produced by cytotrophoblast
- d. Its level is abnormally high in trisomy 21

**Answer: C**

*[Syncytiotrophoblasts secretes hCG, hPL and PRG]*

---

*June 2013*

**1. Cervical changes in pregnancy include the following EXCEPT:**

- a. Increased collagen
- b. Increased hyaluronic acid
- c. Increased glands
- d. Increased vascularity

**Answer: A**

**2. Decreased peripheral resistance in pregnancy has been attributed to an increase in synthesis of which of the following:**

- a. Angiotensin
- b. Endothelin
- c. Nitric oxide
- d. Thromboxane

**Answer: C**

*[The rest are vasoconstrictors]*

**3. What is the principal carbohydrate present in amniotic fluid:**

- a. Glucose
- b. Fructose
- c. Mannose
- d. Galactose

**Answer: A**

**4. Fetal indications for forceps delivery include which of the following: + EXCEPT**

- a. Fetal coagulopathy
- b. Fetal congenital heart block
- c. Non-reassuring fetal heart rate pattern
- d. Protection of fragile preterm infant head

**Answer: B**

**5. Ideally, forceps traction should be applied in which of the following manners:**

- a. Continuously
- b. Intermittently and with contractions
- c. Intermittently and between contractions
- d. Intermittently with cycles of 10 seconds of traction followed by 1 minute of rest

**Answer: B**

**6. Frog eye appearance is seen in which of the following conditions:**

- a. Anencephaly
- b. Acardia
- c. Down's syndrome
- d. Patau's syndrome

**Answer: A**

**7. Your patient is a 32-year-old whose previous pregnancy resulted in the birth of a child with anencephaly. She is currently using oral contraceptive pills to prevent pregnancy. She intends to have another child in the future, but is uncertain when. What is your recommendation for oral folic acid supplementation:**

- a. Folic acid, 4 mg orally daily beginning now
- b. Folic acid, 4 mg orally daily as soon as a pregnancy test is positive
- c. Folic acid, 400 microgram orally daily beginning 1 month prior to discontinuation of contraception
- d. A diet with an increased percentage of foods high in folic acid is sufficient

**Answer: A**



June 2014

**1. Which of the following vaccinations are contraindicated in pregnancy:**

- a. Varicella
- b. Pneumococcus
- c. Cholera
- d. Hepatitis B

**Answer: A**

*[As it is a live attenuated vaccine]*

**2. Intravenous administration of ergot alkaloids should be avoided because it can initiate:**

- a. Anaphylaxis
- b. Transient bronchoconstriction
- c. Bleeding
- d. Transient hypertension

**Answer: D**

**3. Of the following regional anesthetics, which is the most likely to provide adequate pain relief for the entire duration of labor:**

- a. Spinal block
- b. Epidural block
- c. Pudendal block
- d. Para-cervical block

**Answer: B**

**4. Which of the following is not associated with leg cramps during pregnancy:**

- a. Poor venous drainage
- b. Reduced serum calcium
- c. Reduced serum phosphorus
- d. Reduced serum magnesium

**Answer: C**

*[Reduced venous drainage → accuulation of metabolites stimulating pain receptors]*

*[↓ P & Ca → ↑ Na influx → Depol.]*

**5. Which criterion applies to low forceps operation:**

- a. The fetal head leading point should be on station +2
- b. The fetal head leading point should be above station +2
- c. The fetal head is on the pelvic floor
- d. Sagittal suture should be antero-posterior

**Answer: D**

**6. The bishop score is used to predict:**

- a. The state of the fetus at the time of delivery
- b. The success rate of labor induction
- c. The fetal condition in utero
- d. The maternal wellbeing in labor

**Answer: B**

**7. Which of the following is not associated with elevated levels of hPL:**

- a. Rh iso-immunization
- b. Prolonged fasting
- c. Placental insufficiency
- d. Diabetes

**Answer: C**

**8. Metabolic changes during pregnancy include the following, EXCEPT:**

- a. Negative nitrogen balance
- b. Increased lipolysis
- c. Increased iodine requirements
- d. Lowered fasting blood glucose

**Answer: A**

*[Nitrogen balance = intake – loss, as pregnancy is an anabolic process, so balance is +ve]*

**9. Induction of labor:**

- a. Can be achieved by amniotomy
- b. Is easiest when the cervix is in a posterior position
- c. Could be achieved by an ergometrine infusion
- d. Is indicated with an uncomplicated dichorionic twin pregnancy of > 36 weeks' gestation

**Answer: A**

**10. The following substances pass through the placenta by facilitated diffusion EXCEPT:**

- a. Iron
- b. Fatty acids
- c. Glucose
- d. Steroids

**Answer: A**

*[Iron needs active transport]*

**11. Increased nuchal translucency in 13<sup>th</sup> week fetal ultrasound scan is characteristic of:**

- a. Turner's syndrome
- b. Down's syndrome
- c. Hydrocephalus
- d. Klinefelter's syndrome

**Answer: B**

**12. Vaginal delivery can be allowed in the following EXCEPT:**

- a. Monochorionic monoamniotic twins
- b. Mento-anterior
- c. Breech with extended legs
- d. Dichorionic twins – first vertex, second breech

**Answer: A**

**13. The earliest period of gestation for performing CVS using transvaginal route is:**

- a. 7-12 weeks
- b. 12-14 weeks
- c. 14-16 weeks
- d. None of the above

**Answer: A**

**14. Prenatal diagnosis at 16 weeks' gestation could be performed using the following EXCEPT:**

- a. Amniotic fluid
- b. Maternal blood
- c. Chorionic villi
- d. Fetal blood

**Answer: D**

**15. Contraindications for the use of vaccum extractor include the following EXCEPT:**

- a. Non vertex presentation
- b. Prematurity
- c. Non engaged fetal head
- d. Fetal coagulation defect

**Answer: D**

**16. Blood coming from the placenta to the fetus travels from the umbilical vein into which of the following:**

- a. The portal vein
- b. The hepatic vein
- c. The ductus venosus
- d. The inferior vena cava

**Answer: D**

**17. Which of the following hormones blocks maternal peripheral uptake and use of glucose while promoting mobilization and use of free fatty acids by maternal tissues:**

- a. Human chorionic gonadotropin
- b. Human placental lactogen (hPL)
- c. Relaxin
- d. Leptin

**Answer: B**

**18. Congenital abnormalities of the uterus are associated with the following EXCEPT:**

- a. Abruptio-placentae
- b. Polyhydramnios
- c. Renal tract anomalies
- d. Unstable lie of the fetus

**Answer: B**

June 2016

**1. Which of the following medications, when given before and during pregnancy, may protect against neural tube defects:**

- a. Vitamin B<sub>6</sub>
- b. Folic acid
- c. Zinc
- d. Magnesium

**Answer: B.**

**2. In terms of birth defect potential, the safest of the following drugs is:**

- a. Alcohol
- b. Tetracyclines
- c. Progesterone
- d. Phenytoin

**Answer: C**

**3. Side effects of oxytocin include the following EXCEPT:**

- a. Hypernatremia
- b. Amniotic fluid embolism
- c. Uterine rupture
- d. Fetal distress

**Answer: A**

**4. Indications for induction of labor include the following clinical conditions EXCEPT:**

- a. Severe pre-eclampsia at 36 weeks
- b. Total placenta accreta
- c. Chorioamnionitis
- d. Post-term pregnancy

**Answer: B**

**5. Common side effects of prostaglandin E<sub>2</sub> include which of the following:**

- a. Fever
- b. Dysuria
- c. Arthralgia
- d. Somnolence

**Answer: A**

*[Common side effects of Prostin E2 Vaginal Suppository include: nausea; vomiting; diarrhea; fever; chills; stomach or abdominal pain; back pain; flushing (warmth, redness, or tingly feeling); dizziness, and; feeling of warmth in the vaginal area]*

**6. Intravenous administration of ergot alkaloids should be avoided because it can initiate which of the following:**

- a. Anaphylaxis
- b. Transient bronchoconstriction
- c. Bleeding
- d. Transient hypertension

**Answer: D**

**7. The placenta performs the following functions for the fetus EXCEPT:**

- a. Renal
- b. Hepatic
- c. Adrenal
- d. Pulmonary

**Answer: C**

*[In utero the placenta performs the functions of lung, liver and kidney of the fetus]*

**8. Carbon dioxide is transferred across the placenta via which mechanism:**

- a. Facilitated diffusion
- b. Simple diffusion
- c. Active transport
- d. Carrier-mediated diffusion

**Answer: B**

**9. The following changes occur in the fetus after birth EXCEPT:**

- a. The ductus venosus closes
- b. Hemoglobin (Hb) A is replaced by (Hb) F
- c. The umbilical vein closes
- d. The umbilical artery closes

**Answer: B**

**10. Compared with normal weight patients, obese women have increased rates of all of the following EXCEPT:**

- a. Hypertension
- b. Wound infection
- c. Vaginal delivery
- d. Gestational diabetes

**Answer: C**

*[Compared with women with a healthy pre-pregnancy weight, women with obesity are at increased risk of miscarriage, gestational diabetes, preeclampsia, venous thromboembolism, induced labour, caesarean section, anaesthetic complications and wound infections, and they are less likely to initiate or maintain breastfeeding. Babies of obese mothers are at increased risk of stillbirth, congenital anomalies, prematurity, macrosomia and neonatal death. Intrauterine exposure to obesity is also associated with an increased risk of developing obesity and metabolic disorders in childhood]*

**11. Adding 7 days to the first day of the last menstrual period and counting back 3 months to estimate the day of delivery is termed what:**

- a. Hegar rule
- b. Naegele rule
- c. Kessner rule
- d. Chadwick rule

**Answer: B**

**12. Known biological actions of human chorionic gonadotropin (hCG) include all EXCEPT:**

- a. Maternal thyroid stimulation
- b. Inhibition of relaxin secretion
- c. Sexual differentiation of the male fetus
- d. Rescue and maintenance of the corpus luteum

**Answer: B**

*[Relaxin is produced by CL maintained by hCG + It is suggested that hCG is responsible for the differentiation of the male internal and external genitalia in the human because it seems to stimulate androgen production by the fetal testis]*

**13. The uterotonic, oxytocin, is produced by all EXCEPT which of the following:**

- a. Fetal adrenal gland
- b. Placenta
- c. Maternal decidua
- d. Maternal pituitary

**Answer: A**

*[Oxytocin (OT) is produced by the posterior pituitary gland of both the woman and fetus as well as the myometrium, decidua, placenta and fetal membranes]*

**14. Which of the following is found in higher concentrations in the mother than the fetus:**

- a. Ascorbic acid
- b. Human placental lactogen
- c. Iron
- d. Zinc

**Answer: B**

*[Iron, zinc, ascorbic acid are all higher in fetal plasma, therefore pass by active transport]*

**15. All the following cause persistent or increasing levels of beta-hCG EXCEPT:**

- a. Retained products of conception
- b. Choriocarcinoma
- c. Complete spontaneous abortion
- d. Trophoblastic disease

**Answer: C**

## End of round exam – 2017

**Questions 1-2: A 19years old primigravida at 42weeks gestation comes the labor and delivery ward for induction of labor. Her prenatal course was uncomplicated. Examination shows her cervix to be long, thick, closed and posterior. The fetal heart rate is and reactive. The fetus is vertex on (PGE2) gel is placed intravaginally.**

**1. Which of the following clinical management should be followed**

- a. CTG application
- b. Intravenous fluid administration
- c. No oral intake
- d. Enema
- e. Forceps delivery

**Answer: A**

*["D" is done before induction]*

**2. One hour, the patient begins having contractions lasting longer than 2minutes. The fetal heart rate falls to the 70lminutes. which of the following is the most appropriate next step in management:**

- a. Administer general anesthesia
- b. Administer terbutaline
- c. Perform amnioinfusion
- d. Start oxytocin
- e. Perform cesarean delivery

**Answer: E**

**Questions 3-4: a 52years old woman comes to the physician because of hot flashes. Her last menstrual period was lyear ago. over the past year, she has noted a persistence of her hot flashes, which come several times each day and are associated with a feeling of heat and flushing. They also awaken her at night and interfere with her sleep. She has no medical problems, takes no medications, and has no known drug allergies. She has a family history of cardiovascular disease and she does not smoke. Physical examination is unremarkable.**

**3. Your management should include:**

- a. Estrogen replacement
- b. Combined estrogen and progestagens
- c. Reassurance
- d. Multivitamins
- e. Work sick leave

**Answer: B**

**4. Other symptoms that may be associated in the woman include all the following EXCEPT:**

- a. Insomnia
- b. Breast pain
- c. Decreased libido
- d. Mood changes
- e. Weight gain

**Answer: B**

**Questions 5-6: a 33years old woman comes to the physician for her first prenatal visit. Her last menstrual period was 7weeks ago. She has had no bleeding or abdominal pain. She has no medical problems and takes no medications. She has no family history of congenital anomalies. Her husband is 55years old. He is in good health and also has no family history of birth defects.**

**5. The patient is concerned that her husband's age may place their fetus at increased risk of a chromosomal anomaly. She wishes to know the paternal age above which amniocentesis or chorion chorionic villus sampling should be considered. Which of the following is the correct response:**

- a. Above age 30
- b. Above age 35
- c. Above age 40
- d. Above age 45
- e. There is no age cutoff for her paternal risk

**Answer: E**

**6. Her risk to have a baby with congenital anomaly is:**

- a. 1-3%
- b. 3-6%
- c. 6-9%
- d. 9-12%
- e. Above 12%

**Answer: A**

**Questions 7-8: a 25years old nulliparous woman at 35weeks gestation comes to the labor and delivery ward complaining of contractions, headache, and of light in front of her eyes flashes Her pregnancy has been uncomplicated EXCEPT for an episode of first trimesteric bleeding that completely resolved. She has no medical problems. Her temperature is pulse: 88/min 37, blood pressure: 160/110, respiratory rate: 12/min. examination is 2crn shows that her cervix dilated and 75% effaced, and she is contracting every 3minutes. The fetal heart tracing is in the 140/min and reactive. Urine analysis sho 3+ proteinuria, TLc: 9.400/mm3, hematocrit 3s96, platelets: 101.000/mm3, AST: 20 U/L and ALT:30 U/L.**

**7. Which of the following is the most appropriate next step in management**

- a. Administer oxytocin
- b. Discharge the patient
- c. encourage ambulation
- d. Start magnesium sulfate
- e. Start terbutaline baby

**Answer: D**

***[pre-eclampsia with risk of HELLP]***

**8. Delivery should be by:**

- a. Oxytocin infusion
- b. Spontaneous delivery
- c. Forceps delivery
- d. Ventouse delivery
- e. Cesarean section

**Answer: B**



*[normal baby, good effacement, good contractions but still controversial]*

**Questions 9-10: a previously healthy 45-year-old woman has a malodorous discharge. Examination shows greenish gray frothy discharge with a fishy odor and lesions on the cervix. There is no cervical motion tenderness. Her temperature is 37.5, blood pressure is 120/80, and pulse is 60/min.**

**9. Microscopic evaluation of the discharge is most likely to show:**

- a. Clue cells
- b. Gram-negative diplococcus
- c. Gram-positive diplococcus
- d. Motile flagellated organisms
- e. Pseudohyphae or hyphae

**Answer: D**

**10. Recurrence of such infection can occur due to:**

- a. Lowered resistance
- b. Poor personal hygiene
- c. Use of oral contraceptive pills
- d. No treatment of the husband
- e. Young age

**Answer: D**

**Questions 11-12: a 21-year-old primigravida at 39 weeks gestation comes to the labor and delivery ward with painful contractions every 3 minutes. Her prenatal course was unremarkable. Examination shows her cervix to be 3 cm dilated and 60% effaced. The fetal heart rate tracing is in the 150 l/min and reactive. 5 hours later cervical examination reveals that the cervix is 6 cm dilated and fetal head is at -1 station. The fetal heart rate tracing shows late decelerations with each contraction and decreased variability.**

**11. Which of the following is the most appropriate next step in management:**

- a. Expectant management
- b. Episiotomy
- c. Forceps-assisted vaginal delivery
- d. Vacuum-assisted vaginal delivery
- e. Cesarean delivery

**Answer: E**

*[-prolonged labor, fetal indication "dec. variability"]*

*[-Choice "d" → ventouse is not used in fetal stress as it takes much time]*

**12. The fetus immediately after delivery may have:**

- a. Lowered glucose level
- b. Low pH
- c. Jaundice
- d. Cephalhematoma
- e. Erb's palsy

**Answer: B**

*[stress → hypoxia (anaerobic glycolysis) → acidosis]*

**Questions 13-14: a 26years old nulligravida comes to the emergency department beca severe right lower quadrant She states that the pain started last night. This was awakened from sleep with severe pain in the same area. During the episode of pain she also had nausea, vomiting, and diaphoresis. On admission to the emergency department she required 5mg morphine to control her pain. Pelvic examination is significant for right lower quadrant tenderness and a tender right adnexal mass. Urine HCG is negative. Urine analysis is normal, transvaginal ultrasound reveals an 8cm right ovarian mass.**

**13. Which of the following is the most likely diagnosis:**

- a. Appendicitis
- b. Ectopic pregnancy
- c. Nephrolithiasis
- d. Ovarian torsion
- e. Pelvic inflammatory disease

**Answer: D**

**14. The management should be:**

- a. Conservative
- b. Discharge the patient
- c. Immediate laparotomy
- d. Antibiotics and observation
- e. Transvaginal aspiration

**Answer: C**

**Questions 15-16: a 22years old woman comes to the physician for advice regarding bir control. She has tried the oral contraceptive pill for proximately two cycles each time, but stopped because of irregular bleeding. She has had gonorrhea once. Physical examination is unremarkable.**

**15. Which of the following forms of birth control should be recommended for her:**

- a. Condoms
- b. Diaphragm
- c. Intrauterine device
- d. Progestin only pills
- e. Tubal ligation

**Answer: A**

*[condoms protect against STDs better than diaphragm as there is no contact between the penis and the walls of the vagina (STDs can be transmitted from abrasions in either vagina or penis) + no semen reach the uterus(sperms carry STDs), unlike diaphragm which only prevent the semen from reaching the uterus]*

**16. What is the advice you should give to the woman:**

- a. You have to do laparoscopy to check the condition of Fallopian tubes
- b. You should bring your husband for examination for gonorrhea
- c. You have to drain your Bartholin gland
- d. You have to receive treatment on regular basis to prevent reinfection
- e. Nothing specific

**Answer: B**

**Questions 17-18: a 21years old woman comes to the physician because of abdominal pain. She states that the pain is in her right lower quadrant and has been getting worse over the past 3months. She has no other symptoms and a normal appetite. Examination demonstrates mild right lower quadrant abdominal tenderness. Pelvic examination reveals right adnexal enlargement and tenderness. HCG is negative. A pelvic ultrasound shows a 4cm heterogenous ultrasound, hair and calcifications are demonstrated within the cystic areas.**

**17. Which of the following is the most likely diagnosis:**

- a. Appendicitis
- b. Benign cystic teratoma (dermoid cyst)
- c. Corpus luteum cyst
- d. Ectopic pregnancy
- e. Tubo-ovarian abscess

**Answer: B**

**18. Which of the following is the proper management:**

- a. Conservative management till the mass reaches 10cm
- b. Diagnostic laparoscopy to confirm the diagnosis
- c. CA 125 estimation to exclude malignancy
- d. Planned laparotomy for surgical management
- e. Chemotherapy

**Answer: D**

**Questions 19- 20: 65years old woman comes to the physician because of bleeding from the vagina. She states that her last menstrual period was at age 50 and that she has had no bleeding since. She has no medical problems and takes no medications. Examination is unremarkable, including a normal pelvic examination. After informed consent is obtained, an endometrial biopsy is performed. The patient complains of discomfort after the procedure but feels well enough to go home. Later that night,with her abdominal pain worsening. The patient comes to the emergency department. And ultrasound is performed that shows a normal uterus and adnexae but a complex fluid collection posterior to the uterus.**

**19. Which of the following is the most likely diagnosis:**

- a. Bowel perforation
- b. Endometritis
- c. Endometrial cancer
- d. Tubo-ovarian abscess
- e. Uterine perforation

**Answer: E**

*[Vitaly stable → antibiotics & observation]*

**20. What is the most suitable management:**

- a. Immediate laparotomy
- b. Antibiotics and observation
- c. Diagnostic laparoscopy
- d. Pan-hysterectomy
- e. Culdocentesis

**Answer: B**

*[Vitaly stable and not seen by US → small perforation]*

*[Uterus is liable for perforation if menopause, vesicular mole, septic abortion]*

**Questions 21- 22:** a 23years old female comes to the physician because of a swelling in her vulva. She states that the swelling started about 3days ago and has been growing larger since. The swelling is painful. Examination shows a stic mass 4cm in diameter in the posterior aspect of the patient's left labia majora. The mass is tender and there is associated erythema. The rest of the pelvic examination is unremarkable.

**21. Which of the following is the most likely diagnosis:**

- a. Infected bartholin's cyst
- b. Condyloma lata
- c. Granuloma inguinale
- d. Gartner's cyst
- e. Vulvar cancer

**Answer: A**

*[ttt of bartholin cyst → marsupialization*

*infected → antibiotics*

*abscess → drainage]*

**22. Management should be:**

- a. Antibiotics
- b. Reassurance and discharge
- c. Colposcopy
- d. Surgical excision
- e. Surgical drainage

**Answer: A**

**Questions 23-24:** a 37years old woman, G3P2 es to her physician for follow up on her ectopic pregnancy. She was diagnosed with an ectopic pregnancy 7 days ago and given methotrexate. She now presents with abdominal pain that started this morning.

Examination is significant for moderate left lower quadrant tender Laboratory analysis shows that her beta HCG value doubled over the past week. transvaginal ultrasound shows that the ectopic pregnancy is roughly the same size but there is an increased amount of fluid in the pelvis

**23. Which of the following is the most appropriate next step in management:**

- a. Expectant management
- b. Repeat methotrexate
- c. Laparoscopy
- d. Transvaginal injection of methotrexate
- e. Hysterectomy

**Answer: C**

**24. The patient should be advised to:**

- a. Postpone next pregnancy for one year
- b. hCG follow up for one year
- c. No use of intrauterine contraceptive device
- d. use condom
- e. no increased risk of ectopic pregnancy in the next pregnancy

**Answer: C**

**Questions 25- 26: a 26years old woman comes to the physician because of a lump her in vagina. The lump is non tender, but is when she walks. She states that for the last years this lump has appeared frequent When it occurs she pushes it inside by herself. She has no other medical problems. Examination shows a cystic mass approximately 4cm in diameter which is reducible. The rest of pelvic examination is unremarkable.**

**25. What is the most likely diagnosis**

- a. Urethral diverticulum
- b. Genital prolapse
- c. Chronic uterine inversion
- d. Submucous fibroid polyp
- e. Elongation of the cervix

**Answer: B**

**26. Which of the following is the most appropriate next step in management:**

- a. Expectant management
- b. Surgical repair
- c. Intravenous antibiotics
- d. Incision and drainage
- e. Marsupialization

**Answer: B**

**Questions 27- 28: a 25years old woman, G2P2 is 4days post cesarean section and develops a temperature of 38.2. She had her cesarean section when she went into unstoppable preterm labor with a breech fetus. She had an uncomplicated puerperal course until this temperature elevation. Her pulse is 100/min, blood pressure is 110/70, and respiratory rate is 16/min. the area around the incision is completely normal. There is neither tenderness nor abnormal discharge on bimanual exam.**

**27. Which of the following is the most concern in this patient**

- a. Endometritis
- b. Mastitis
- c. Milk engorgement
- d. Preeclampsia
- e. Wound infection

**Answer: C**

*[milk engorgment cause rise of body temperature till around 38°C while mastitis above 38°C]*

**28. All the following is essential to confirm the etiology of her pyrexia EXCEPT:**

- a. Urine analysis
- b. Pelvic and abdominal ultrasound
- c. Breast examination
- d. MRI
- e. Examination of lower limbs

**Answer: D**

**Questions 29- 30: a 32 old woman, G2P2 comes to the physician for follow up of an abnormal pap smear. One month ago, her Pap test showed a high grade squamous intraepithelial lesion.colposcopy demonstrated acetowhite lesion epithelium at 2 o'clock. A biopsy taken of this area demonstrated high grade squamous intraepithelial lesion.Endocervical curettage was negative. The patient has no other medical problems and takes no medications.**

**29. Which of the following is the most appropriate next step in management:**

- a. Repeat biopsy
- b. Hysteroscopy
- c. Repeat colposcopy in 6months
- d. Loop electrosurgical procedure (LEEP)
- e. Hysterectomy

**Answer: D**

**30. After proper initial management, which of the following should be done:**

- a. Testing for HPV
- b. Repeat Pap smear
- c. Advice for use of condom
- d. Avoid further pregnancies
- e. Cone biopsy

**Answer: B**

**Questions 31- 33: a 19years old primigravida is expecting her first child: she is 12weeks pregnant by dates. She has vaginal bleedings and an enlarged for dates uterus in addition, no fetal heart sounds are heard. The ultrasound shows no fetus and no placenta but snow storm appearance.**

**31. The most likely diagnosis of this woman's condition is:**

- a. Sarcoma botryoids
- b. Missed abortion
- c. Submucous fibroids
- d. Hydatidiform mole
- e. Normal pregnancy

**Answer: D**

**32. What is the proper management in this case:**

- a. Suction evacuation
- b. Hysterectomy
- c. Single agent chemotherapy
- d. Combination chemotherapy
- e. Radiation therapy

**Answer: A**

**33. After initial management of this woman, the follow up should include:**

- a. Weekly HCG titers
- b. Hysterectomy
- c. Single agent chemotherapy
- d. Combination chemotherapy
- e. Radiation therapy

**Answer: A**

**Questions 34- 35: A healthy 42years old G2P1001 presents to ER at 30weeks gestation with small amount of bright red vaginal bleeding shortly after intercourse. It started as spotting then progressed to light menses completely resolved. The patient denies any regular then uterine contractions, but occasional cramping. She has good fetal movements. She denies any complications during pregnancy. She had a normal screening sonogram at 20weeks as part of her routine prenatal care. Her obstetrical history is significant for a previous transverse cesarean section at term for a fetus that was footling breech. She wants to have an elective repeat cesarean section with a tubal ligation for delivery of this baby when she gets to term.**

**34. The following are included in the differential diagnoses of bleeding EXCEPT:**

- a. Cervical polyp
- b. Preterm labor
- c. Placental abruption
- d. Placenta previa
- e. Submucous uterine fibroid

**Answer: B**

**35. What is the appropriate next step in the management of this patient?**

- a. Send her home, since the bleeding has completely resolved
- b. Perform a sterile digital examination
- c. Perform an amniocentesis to rule out infection.
- d. Perform a sterile speculum examination
- e. Perform an ultrasound examination

**Answer: E**

**Questions 36- 38: a 15years old patient presents with primary amenorrhea. On examination, secondary sexual characteristics are absent. Investigation reports a high serum FSH**

**36. Based on this, which of the following is the MOST likely diagnosis:**

- a. Androgen insensitivity syndrome
- b. Gonadal dysgenesis tumour
- c. Physiological delay
- d. Prolactinoma
- e. Congenital adrenal hyperplasia

**Answer: B**

**37. The next investigation should be:**

- a. Karyotyping
- b. Abdominal ultrasound
- c. LH assay
- d. MRI brain
- e. Fundus examination

**Answer: A**

**38. What is the appropriate management in this case:**

- a. Prescribe growth hormone injection
- b. Hormone replacement therapy
- c. Consultation with internal medicine for kidney and cardiovascular problems
- d. A and B
- e. All of the above

**Answer: E**

**Questions 39: 40: A 37years old PG at 24weeks presents to ANC clinic with shortness of breath, orthopnea. Her pregnancy was not complicated, but she had history of recurrent rheumatic fever and was on long acting penicillin, stopped it 5 years before pregnancy.**

**39. Which of the following investigation must be done:**

- a. Chest X-ray
- b. Echo examination of the heart
- c. Serum sodium assay
- d. EEG
- e. Abdominal ultrasound

**Answer: B**

**40. The next step in the management is:**

- a. Immediate cesarean section
- b. Nothing waiting for the onset of labor
- c. Starting long acting penicillin
- d. Treatment of heart failure
- e. Cardiac catheterization

**Answer: D**

**Questions 41- 42: A36 years old G5005, delivered her baby 10 min ago. she had been in labor on this occasion for 12 hours. After spontaneous onset. She continues to bleed heavily**

**41. What is/are the risk factors of postpartum hemorrhage in this case:**

- a. The age being above 35
- b. Spontaneous onset of labor
- c. Prolonged labor
- d. Multiparity
- e. A, C & D

**Answer: E**



**42. The next step in the management should be:**

- a. Immediate hysterectomy
- b. Anti-shock measures
- c. Bimanual compression of the uterus
- d. Bilateral ligation of the internal iliac arteries.
- e. Selective embolization of the uterine arteries

**Answer: B**

**43. 44: A 25years old second gravida at 39 weeks comes to ER with labor pains. Her prenatal course was uncomplicated. Pv, cervix is 50% effaced and 4 cm dilated and central. The fetal heart rate is 180/minute with late deceleration**

**43. Which of the following clinical management should be done:**

- a. CTG application and expectant management
- b. Immediate cesarean section
- c. Syntocinon infusion
- d. Mask oxygen and close fetal monitoring
- e. Forceps delivery

**Answer: B**

*[Tachycardia & late decelerations are signs of fetal distress]*

**44. At the time of delivery, the fetus had meconium aspiration, with Apgar score of 4 at 5 min postdelivery. The next step in neonatal management :**

- a. Insert an endotracheal tube and oxygen
- b. Administer adrenaline infusion
- c. Perform umbilical catheterization
- d. Start iv infusion
- e. Perform tracheostomy and tracheal aspiration

**Answer: A**

**Questions 45, 46: A 54years old woman complains of hot flashes and cold Her LMP was 3years ago. She is on ERT. She noticed vaginal bleeding 2 weeks ago. The bleeding is bright red painless following intercourse. The patient is concerned about any tumor risk**

**45. What is the following next step in the management of this case:**

- a. Perform speculum examination and obtain Pap smear
- b. Increase the dose of estrogen
- c. Reduce the dose of estrogen
- d. Reassurance
- e. Mefenamic acid

**Answer: A**

**46. Pelvic ultrasound of this case revealed the presence of endometrial thickness of 8mm. what is the next step in the management of this case:**

- a. Expectant management
- b. Decrease the dose of estrogen replacement therapy
- c. Hysteroscopy and endometrial biopsy
- d. Advice hysterectomy
- e. Advice aromatase treatment

**Answer: C**

**47. A 20years G2P1 presents at 28 weeks for routine prenatal care.the first delivery was normal vaginal delivery at 39 weeks gestation with no complications. all the following is appropriate as part of the antenatal care EXCEPT**

- a. Measles, mumps, rubella vaccine
- b. 50gm glucose tolerance test
- c. 300 microgram anti-D immunoglobulin if Rh negative
- d. CBC
- e. Hepatitis screening care.

**Answer: A**

**48. A 38year old G1P0 presents for the preconception care .her medical history includes diabetes and obesity with BMI of 42 and smoking. Her obstetric history includes elective termination at 18weeks for anencephalic fetus.she desires conception.your recommendation include the following EXCEPT**

- a. Supplement diet with high dose folic acid
- b. Start diet program to reduce weight
- c. Obtain an optimal glycemic control before pregnancy
- d. Stop smoking
- e. Tay-Sachs disease and sickle cell diseases screening.

**Answer: E**

**Questions 49.-52 A 28years old recent married (one year ago) NG presents with failure of conception. She has regular period of 5 days average in amount and associated with pelvic cramps referred to the back that starts one day before the period. The cramps increase in severity for the first day of her period and then fades away. She takes regular painkillers. Patient complains of pain during intercourse especially during penetration and more pronounced on the right side.she cannot tolerate certain position during intercourse. frequency of intercourse is twice weekly, she gave a history of milky nipple discharge**

**49. Based on history, which of the following is most appropriate diagnosis?**

- a. Primary infertility and superficial dyspareunia
- b. Secondary infertility and deep dyspareunia
- c. Primary infertility and deep dyspareunia
- d. Secondary infertility and superficial dyspareunia
- e. None of the above

**Answer: C**

**50. The following investigations are considered essential in his case EXCEPT:**

- a. Pelvic ultrasound
- b. Prolactin
- c. Androstenedione
- d. Basal body temperature chart
- e. TSH

**Answer: C**

**51. On US, Rt ovary shows a 4cm cyst, unilocular and with ground glass appearance. Both ovaries are located behind the uterus and close to each other. They are tender on examination. The most likely cause(s) of infertility:**

- a. Tubal factor
- b. ovulatory factor
- c. peritoneal factor
- d. A and B only
- e. All of the above

**Answer: E**

**52. The following surgical procedure is indicated in this case:**

- a. Diagnostic hysteroscopy
- b. diagnostic laparoscopy
- c. Laparoscopic cystectomy and ablation of endometriotic foci and adhesiolysis
- d. Ovarian cystectomy by the abdominal approach with adhesiolysis and ablation for endometriotic implants
- e. A and B

**Answer: C**

**53. A primigravida with a fully dilated cervix for 2hours, head station-1 with molding and diffuse caput can be safely delivered by:**

- a. Cesarean section
- b. Forceps delivery
- c. Vacuum delivery head cup
- d. Internal podalic version then breech extraction
- e. Expectant management

**Answer: A**

*[Fully dilated cervix & head -1 → Obstructed labor]*

**54. A 24 years old primigravida in labor for 16hours and the cervix is arrested at 9cm forceps ours, position is ROP, station molded. There is fetal late deceleration over the last 30minutes, delivery is BEST managed by :**

- a. Forceps rotation and then extraction
- b. Ventouse extraction
- c. Craniotomy then forceps
- d. Lower segment cesarean section (LSCS)
- e. Upper segment cesarean section (USCS)

**Answer: D**

*[Obstructed labor & forceps will cause more fetal distress]*

**55. Diabetes in pregnancy in the risk for the following EXCEPT:**

- a. Cesarean section rate
- b. Mal presentation
- c. Congenital malformation.
- d. Unexplained stillbirths
- e. Twin pregnancy

**Answer: E**

**56. Polyhydramnios may be associated with the following EXCEPT:**

- a. Diabetes mellitus
- b. Esophageal atresia
- c. Intrauterine infection
- d. Twin to twin transfusion
- e. Rupture of membranes

**Answer: E**

**57. A 24 years old recently married lady presents for birth control advice. She wants to have a 6months period of contraception. She has no history of medical or surgical problems. Her family history is negative. which of the following forms of birth control should be recommended for this patient:**

- a. Condoms
- b. Diaphragm
- c. Intrauterine device
- d. Combined oral pills
- e. Tubal ligation

**Answer: D**

**58. A 26 years old patient presents to the fertility clinic for assessment of her fertility as she has been married for 2years with failure of conception. Her hormonal evaluation is normal and her ovulation was followed and found to be normal. Her pelvic ultrasound revealed normal findings. She has a recent normal hysterosalpingography and her husband semen analysis was reported to be normal as well. She has normal recent potcoital test. Her family history is irrelevant. which of the following procedure(s) is/are advisable at this stage for the diagnosis of the cause of infertility:**

- a. Basal body temperature chart
- b. Pituitary CT scan
- c. Diagnostic laparoscopy and hysteroscopy
- d. Repeat hysterosalpingography
- e. Cervical mucus study

**Answer: C**

**59. A 25years old woman is noted to have a 4cm simple cyst of the ovary, she denies pain, nausea or vomiting. which of the following step:**

- a. Expectant management
- b. Laparoscopy
- c. Exploratory laparotomy
- d. Chemotherapy
- e. Ultrasound guided cyst aspiration

**Answer: A**

**60. A 5years old girl is noted to have breast enlargement, vaginal bleeding and an 8cm elvic mass, which of the following is most likely diagnosis:**

- a. Benign cystic teratoma
- b. Endometrial sinus tumour
- c. Brenner tumour
- d. Choriocarcinoma
- e. Granulose-theca cell tumour

**Answer: E**

**Questions 61-62: A 61years old woman presenting with moderate vaginal bleeding not related o intercourse for the 2months. The bleeding is associated with cramps and recurrent. The patient has stopped to have regular periods since Byears. The patient describes the bleeding as bright red and last for one day. The patient family history is positive for diabetes and hypertension of maternal side. She had breast biopsy for suspicious breast mass 10years ago that reported to be negative for malignancy. currently she is on multivitamin but with no history of hormonal treatment. Pelvic abdominal ultrasound revealed the presence of symmetrical enlarged uterus with endometrial thickness of smm and an intrauterine hyperechoic lesion of 2cm inside the uterine cavity. The patient is obese with BMI of 35. On bimanual examination, the uterus and adnexae revealed normal findings.**

**61. The following pathological conditions may be associated with this case EXCEPT:**

- a. Endometrial polyp
- b. Senile endometritis
- c. Endometrial cancer
- d. Endometrial hyperplasia
- e. Leiomyomatous polyp

**Answer: B**

**62. What is the most appropriate surgical procedure to be advised to this patient:**

- a. Endometrial aspiration
- b. Hysteroscopic resection of the polyp and endometrial sampling
- c. Endometrial cytology
- d. Abdominal hysterectomy
- e. Laparoscopic hysterectomy

**Answer: B**

**63. A 25 years old female comes to the physician because of a swelling in her vulva. She states that the swelling started about 3 days ago and has been growing larger since. The swelling is painful.Examination shows a cystic mass 4 cm in diameter in the posterior aspect of the patient's left labia majora.the diagnosis of infected bartholin gland was made and the patient received antibiotics but the mass is the same with persistent pain and tenderness. the following management is recommended in this case:**

- a. Change antibiotic
- b. Surgical drainage
- c. Colposcopy
- d. Surgical excision
- e. Reassurance and discharge

**Answer: B**

**64. A 27 years old G3P2 comes to her physician for follow up as she has missed her period and had home pregnancy test that was positive despite that she is using intrauterine device for birth co Her LMP was 6weeks ago. She feels mild pain and discomfort in the lower part of her abdomen. a quantitative B HcG level of 2240 IU/ml. what is the appropriate next step in this case:**

- a. Expectant management
- b. Start methotrexate
- c. Laparoscopy
- d. Remove iud
- e. Transvaginal pelvic ultrasound

**Answer: E**

**Questions 65- 66: A 35years old woman recently married presented to you because of her infertility problem. Her menstrual period is now irregular and heavy since 6months and lasts for 8days with cramps and pain in her lower abdomen. She has been diagnosed to have hypochromic microcytic anemia and she is on iron supplement. Her hormonal analysis revealed normal Fsh, LH,TsH and PRL level. Her BBT chart is biphasic. Her HSG that revealed patent tubes but the uterine cavity showed a 2cm filling defect.**

**65. What is the most likely diagnosis:**

- a. Asherman syndrome
- b. Bicornuate uterus
- c. Submucous fibroid
- d. Adenomyosis
- e. Endometrial hyperplasia

**Answer: C**

**66. What is the most appropriate next step:**

- a. Diagnostic office hysteroscopy
- b. Endometrial biopsy
- c. Repeat HSG postmenstrual
- d. Order CA125
- e. Order MRI

**Answer: A**

**Questions 67- 68: A 38years old woman G4p4 with all normal vaginal deliveries comes to the physician with involuntary escape of urine. She also noticed a swelling that comes out of her vagina on straining. She pushes this swelling inside her vagina and rest in bed as treatment. This mass disappears on lying down but the escape of urine on coughing did not improve.**

**67. What is the most likely diagnosis:**

- a. Urethral diverticulum
- b. Gartner cyst
- c. Chronic uterine inversion
- d. Urinary stress incontinence
- e. Elongation of the cervix

**Answer: D**

**68. Which of the following is the most appropriate next step in management:**

- a. Expectant management
- b. Surgical repair
- c. Intravenous antibiotics
- d. incision and drainage
- e. Marsupialization

**Answer: B**

**Questions 69- 71: A 39years old PG at 30wks attends the ANC clinic as she had not seen an obstetrician for 3months, She complains of painless vaginal bleeding but recurrent since mild the last week. The patient denies any abdominal cramp or pain in the past week. The bleeding is mild and not related to intercourse. She feels good fetal kicking. She is on multivitamins and calcium supplement. s has no past history of medical disorders. Het PP: 120/80, pulse of 82, and weight of 78kg, Her CBC, LFTs, KFTs, RBS are normal**

**69. What is the next step in the management of this case:**

- a. Reassurance and send her home
- b. Perform sterile digital examination
- c. Perform sterile speculum examination
- d. Perform amniocentesis to rule out infection
- e. Perform an abdominal ultrasound examination

**Answer: E**

**70. What is the most likely diagnosis:**

- a. Cervical polyp
- b. Preterm labor
- c. Placental abruption
- d. Placenta praevia
- e. Submucous uterine fibroid

**Answer: D**

**71. What is the most appropriate next step:**

- a. Conservative management
- b. Immediate termination by rupture of membranes
- c. Immediate delivery by cesarean section
- d. Initiate blood transfusion infusion
- e. Immediate induction of labor by syntocinone

**Answer: A**

**Questions 72-73: a 35 years old third gravida patient with 36weeks gestation attended outpatient antenatal care clinic complaining of headache.Her previous deliveries were cesarean section.she has 2 children.She reports hypertension during the previous pregnancies and she was treated and delivered at 37 completed weeks by neonatal weights for the newborn in the previous pregnancies were 2.2 and 2.3 kg respectively.she claims that the fetal movement are somewhat reduced. Her BP is 150/90**

**72. Which of the following investigation/s must be done:**

- a. Abdominal sonography
- b. Liver and kidney function tests
- c. Doppler study for evaluation of the placental and fetal blood flow

- d. Fetal movement chart
- e. All of the above

**Answer: E**

**73. What is the appropriate method for termination of the pregnancy:**

- a. Cesarean section
- b. Nothing waiting for the spontaneous onset of labor
- c. Induction by prostaglandin
- d. Forceps delivery to shorten the second stage of labor
- e. Induction by rupture of membranes and syntocinone infusion

**Answer: A**

**74. While evaluating a 30years old woman for infertility, you diagnose a bicornuate uterus, you explain that additional testing is necessary because of the woman's increased risk of congenital anomalies in which organ system:**

- a. Skeletal
- b. Hematopoietic
- c. Urinary
- d. Central nervous
- e. Tracheoesophageal

**Answer: C**

**75. During the evaluation of infertility in a 25yrs old, a HSG showed evidence of Asherman syndrome. which one of the following symptoms would you expect this patient to have:**

- a. Amenorrhea
- b. Menometrorrhagia
- c. Menorrhagia
- d. Metrorrhagia
- e. Dysmenorrhea

**Answer: A**

---



## Final exam – June 2017

**1. The pelvis is formed of which of the following bones:**

- a. Sacrum
- b. Coccyx
- c. Innominate
- d. All of the above

**Answer: D**

**2. Adding 7 days to the first day of the last menstrual period and counting back 3 months to estimate the day of the delivery is called:**

- a. Hegar rule
- b. Neagele rule
- c. Kessner rule
- d. Chudwick rule

**Answer: B**

**3. All EXCEPT which of the following adverse outcome have been linked to smoking in pregnancy:**

- a. Preeclampsia
- b. Preterm birth
- c. Placental abruption
- d. Sudden infant death syndrome

**Answer: A**

**4. Which of the following women could be classified as a nulligravida:**

- a. A 30 year old who has never been pregnant
- b. A 22 year old who is pregnant for the first time at 22 weeks gestation
- c. A 25 year old who is 6 weeks postpartum after her first term delivery
- d. A 34 year old who has 2 previous pregnancies that ended in miscarriage at 8 weeks gestation

**Answer: A**

**5. Maternal deficiency of vitamin D has been associated with which of the following complication in the offspring:**

- a. Anemia
- b. Jaundice
- c. Seizures
- d. Congenital rickets

**Answer: D**

**6. Oligohydramnios is not a feature of the following pregnancy condition:**

- a. Intrauterine growth restriction
- b. Congenital malformation
- c. Fetal hydrops
- d. Stillbirth

**Answer: C**

**7. An 18 year old G1P0 present with 12 weeks of amenorrhea and heavy vaginal bleeding. Her urine pregnancy test is positive. Tissue with the appearance of placenta is seen through an open cervical os. Your diagnosis and management include which of the following:**

- a. Threatened abortion, plan bed rest
- b. Incomplete abortion, plan dilatation and curettage
- c. Ectopic pregnancy, plan laparoscopic resection
- d. Complete abortion , plan subsequent HCG testing in 48 hours

**Answer: B**

**8. Which of the following gestational ages and weights are typically used to define abortion:**

- a. Less than 12 weeks , less than 100 gm
- b. Less than 12 weeks, less than 250 gm
- c. Less than 16 weeks, less than 500 gm
- d. Less than 20 weeks, less than 500 gm

**Answer: D.**

**9. Which of the following is not a clinical sign of polyhydramnios:**

- a. Tense uterus
- b. Increase in fundal height measurement
- c. Inability to palpate fetal small parts
- d. Deep engagement of the presenting part

**Answer: D**

**10. Anti D immunoglobulin should be considered for Rh negative women in which of the following setting:**

- a. Threatened abortion
- b. Following complete hydatiform mole evacuation
- c. After first trimester elective pregnancy termination
- d. All of the above

**Answer: D**

**11. Your patient with a pregnancy at 16 weeks gestation present with a fever 39 c degree and lower abdominal pain but without bleeding. She describes leakage of vaginal fluid the day before. Appropriate management include intravenous antibiotics and which of the following:**

- a. Induction of abortion
- b. Bed rest and observation
- c. Tocolytic administration
- d. Hysterectomy and evacuation

**Answer: A**

**12. Which of the following clinical outcome of tubal pregnancy has the lowest maternal morbidity**

- a. Tubal rupture
- b. Tubal abortion
- c. Chronic ectopic
- d. Pregnancy resorption

**Answer: D**

**13. A 24 year old patient presenting with 6 weeks amenorrhea and mild vaginal bleeding and she is married 3 months ago. She denies any method of contraception. Her pregnancy test is positive, the beta HCG titre is 5000 IU/ml. which of the following investigations is required to confirm the clinical status of the pregnancy:**

- a. Vaginal sonography
- b. Repeat beta hcg titre
- c. Plain x-ray
- d. None of the above

**Answer: A**

**14. The following are considered risk factors for hydatidiform mole EXCEPT:**

- a. Maternal age above 40 years of age
- b. Low intake of vit a and animal fat
- c. History of twin gestation
- d. Previous molar pregnancy

**Answer: C**

**15. The following statement is considered true about a complete mole EXCEPT:**

- a. It originates when an empty ovum is fertilized by one sperm
- b. It originates when an empty ovum is fertilized by 2 sperms
- c. It originates when a normal ovum is fertilized by 2 sperms
- d. None of the above

**Answer: C**

**16. The following complications are considered complications associated with placenta previa EXCEPT:**

- a. Increased risk of cesarean hysterectomy
- b. Increased incidence of placenta accreta
- c. Increased incidence of postpartum hemorrhage
- d. Increased incidence of postmaturity

**Answer: D**

**17. Extreme development of both upper and lower uterine segments may be seen with obstructed labor and clinically may be related by which of the following:**

- a. Hegar sign
- b. Bandl ring
- c. Bloody show
- d. Chadwick sign

**Answer: B**

**18. The following are considered risk factor for placental abruption EXCEPT:**

- a. Advancing maternal age
- b. Pre- eclampsia
- c. Smoking
- d. Oligohydramnios

**Answer: D**

**19. A 30 years G4P3 old pregnant patient 36 weeks gestation with a history of pregnancy induced hypertension in previous pregnancy. The patient was presenting to the emergency room complaining of vaginal bleeding and severe abdominal pain that is associated with vomiting. On examination the patient blood pressure was 160/100 mmHg and a pulse of 90/min. urine analysis revealed proteinuria in excess of 4+. The following clinical diagnosis is most likely in this case EXCEPT:**

- a. Pre-eclampsia complicated by abruption placenta
- b. Severe preeclampsia in labour
- c. Severe preeclampsia with rupture uterus
- d. Severe pre eclampsia with antepartum haemorrhage

**Answer: C**

**20. Which of the following is associated with precipitate labor:**

- a. Uterine atony
- b. Chorioamnionitis
- c. Shoulder dystocia
- d. A & B only

**Answer: A**

**21. Common causes of transverse lie include which of the following:**

- a. Nulliparity
- b. Prolonged labor
- c. Placenta previa
- d. Oligohydramnios

**Answer: C**

**22. The following adverse outcomes are associated with dystocia:**

- a. Chorioamnionitis
- b. Retained placenta
- c. Puerperal endometritis
- d. A & C

**Answer: D**

**23. The following statements are true concerning erythroblastosis fetalis EXCEPT:**

- a. Intrauterine fetal death may occur secondary to severe hemolytic anemia
- b. The fetus may show generalized edema and pleural effusion and ascites
- c. Small placenta
- d. Hepatosplenomegaly

**Answer: C**

**24. The following methods are used for diagnosis and assessment of erythroblastosis fetalis EXCEPT:**

- a. Indirect coomb's test
- b. Amniocentesis
- c. Ultrasonography and Doppler
- d. Cardiotocography

**Answer: D**

**25. The following risk factors are associated with the development of preeclampsia EXCEPT:**

- a. Primigravida
- b. Trophobalstic disease
- c. Chronic hypertension and chronic renal disease
- d. Anemia

**Answer: D**

**26. Compared with cesarean delivery, spontaneous vaginal delivery has lower associated rates of the following:**

- a. Hemorrhage
- b. Maternal infection
- c. Anaesthesia related complications
- d. All of the above

**Answer: D**

**27. Which of the following is the most common complication of shoulder dystocia:**

- a. Fracture clavicle
- b. Brachial plexus
- c. Hypoxic ischemic encephalopathy
- d. B & C

**Answer: B**

**28. In a patient with a positive family history of diabetes on both maternal as paternal side. Upon counseling, the following risks may be associated with pregnancy in this case EXCEPT:**

- a. Fetal macrosomia
- b. Gestational diabetes
- c. Higher incidence of cesarean section
- d. Antepartum hemorrhage

**Answer: D**

**29. A 22 year old woman gravida 1 para 0 at 16 weeks gestation. She presents to you for confirmation of gestational age by ultrasound examination. Which of the following measurement is the best in preceding her actual due date:**

- a. Crown-rump length
- b. Biparietal diameter
- c. Abdominal circumference
- d. Femur length

**Answer: A**

**30. A 32 year old woman G4P3 with a history of premature delivery in her last two pregnancies is seen in the outpatient office at 16 weeks gestation. Her ultrasound shows a viable, singleton intrauterine pregnancy. She has no medical problems has never had surgery and has no known drug allergy. You counsel her about her high risk of recurrence of preterm birth. Which of the following drug options is most recommended to reduce the risk of preterm birth:**

- a. Penicillin therapy for group B streptococcus starting now
- b. Azithromycin for prophylaxis against sexually transmitted infection
- c. 17- alpha hydroxyprogesterone caproate starting at 20 weeks gestation
- d. High dose vitamin A therapy

**Answer: C**

**31. A 21 year old primigravida woman at 37 weeks of gestation present to the clinic for antenatal care. She reports active fetal movement and abdominal pain. Her blood pressure is 162/103 mmHg. She has 2+ protein in the urine dipstick. Her physical examination is unremarkable EXCEPT for diffuse tenderness on the abdomen. Her fundus measurement is 36 cm from the upper surface of the symphysis pubis. You send her to labor and delivery where full laboratory panel of investigations are ordered . on labor and delivery, her blood pressure is 166/104. There is +3 proteinuria on dipstick. Her cervix is closed long and firm. What is the next step in the management:**

- a. Prostaglandin analog
- b. Oxytocin
- c. Magnesium sulphate
- d. Methyl dopa

**Answer: C**

**32. A 38 year old African woman G1P0 presents for routine visit at 39 weeks gestation. Her blood pressure is persistently 140/90 mmHg and her urine protein is 2+. Physical examination is otherwise normal and is completely asymptomatic. Her cervix is 2 cm dilated and 90% effaced with the fetal vertex at 0 station. What is your management in this case:**

- a. Immediate cesarean section
- b. Induction of labor
- c. Admission to the hospital for observation
- d. Outpatient observation

**Answer: B**

**33. A 25 year old Asian woman G2P0 presents at 33 weeks gestation for routine visit. Her blood pressure is 150 mmHg and her urine protein +3. Physical examination is otherwise normal. She reports mild headache relieved with acetaminophen but no right upper quadrant pain or visual scotoma. What is your management in this case:**

- a. Immediate cesarean section
- b. Induction of labor
- c. Admission to the hospital for observation
- d. Outpatient observation

**Answer: C**

**34. The following is true about active phase of labor EXCEPT:**

- a. Starts with the onset of labor pains
- b. Ends with complete cervical dilatation
- c. Rate of dilatation 1.2 cm/hour for primi and 1.5 cm/hour for multi
- d. Descent engagement and flexion occur

**Answer: A**

**35. About the third stage of labor:**

- a. it starts with the delivery of the fetus and ends with the expulsion of the placenta
- b. It starts with rupture of the membrane and ends with the expulsion of the placenta
- c. The average duration is 2 hours
- d. It starts with full cervical dilatation and ends with expulsion of the fetus

**Answer: A**

**36. Crowning is referred to the following:**

- a. The widest diameter of the presenting part is at the pelvic floor
- b. The widest diameter of the presenting part is distending the vulvar ring
- c. The widest diameter of the presenting part is passed the level of the plane of the pelvic outlet
- d. The widest transverse diameter of the presenting part passed the plane of the pelvic inlet

**Answer: B**

**37. About the 4<sup>th</sup> stage of labor, the following is true EXCEPT:**

- a. It is defined by some authorities as the first 1-2 hours following the delivery of the placenta
- b. It is the period when most of the serious complications of the 3<sup>rd</sup> stage occur
- c. It is managed by careful observation of the vital signs and the amount of bleeding
- d. Uterine massage is not needed in this phase as uterine contraction is well established

**Answer: D**

**38. About occipito-posterior position the following is true EXCEPT:**

- a. The head is well flexed
- b. Normal vaginal delivery is expected in some cases when long anterior or short posterior rotation occur
- c. The progress of labor is slower than in the occipito-posterior position
- d. The fetus can be delivered in face to pubis position

**Answer: A**

**39. About face presentation, the following is true EXCEPT:**

- a. It is common in anencephalic baby
- b. The denominator is the chin
- c. The head is fully flexed
- d. Left mento-anterior is the commonest position

**Answer: C**

**40. The method of delivery in persistent mento posterior position is:**

- a. Forceps delivery
- b. Ventose delivery
- c. Cesarean section
- d. Anticipate normal delivery after extension of the head

**Answer: C**

**41. The following techniques are used in the delivery of the after coming head in breech presentation EXCEPT:**

- a. Burn marshal method
- b. Jaw flexion shoulder traction
- c. Forceps delivery
- d. Hegar's maneuver

**Answer: D**

**42. The following complications are more common with multi-fetal gestation EXCEPT:**

- a. Fetal congenital malformations
- b. Preterm labor
- c. Low birth weight
- d. Fetal neonatal hyperglycemia

**Answer: D**

**43. Twin to twin transfusion occurs in:**

- a. Monochorionic monoamniotic
- b. Diamniotic dichorionic
- c. Polychorionic polyamniotic
- d. None of the above

**Answer: A**

**44. The indication of cesarean delivery in multifetal gestation include the following EXCEPT:**

- a. The first is non vertex twin
- b. The first is cephalic and the second breech
- c. Triplets and quadruplets
- d. Repeated caesarean

**Answer: B**

**45. The following is true about the diagonal conjugate:**

- a. It is the distance between the bulging part of symphysis pubis and the promontory of sacrum
- b. It is the distance between the upper border of the symphysis pubis and promontory of the sacrum
- c. It is the distance between the lower border of the symphysis pubis and the promontory of the sacrum
- d. It is distance between the most bulging part of symphysis pubis and the concavity of the sacrum

**Answer: C**

**46. The following are signs of obstructed labor EXCEPT:**

- a. Maternal tachycardia and signs of dehydration
- b. Deep engagement of the presenting part
- c. Edematous cervix
- d. Bandl's ring

**Answer: B**



**47. The following are considered as risk factors for rupture uterus EXCEPT:**

- a. Grand multipara
- b. Macrosomia
- c. Previous uterine scar
- d. Septate uterus

**Answer: D**

**48. Atonic postpartum hemorrhage is a special risk for the following conditions EXCEPT:**

- a. Twin delivery
- b. Fetal macrosomia
- c. Prolonged labor
- d. Primigravida delivery

**Answer: D**

**49. A primigravida 24 years old in labor for 16 hours and the cervix is arrested at 9 cm for 3 hours, position is ROP, station 0 and molded. There is fetal deceleration over the last 30 min. delivery is best managed by:**

- a. Forceps rotation and the traction
- b. Ventose (vacuum) extraction
- c. Craniotomy then forceps
- d. Lower segment cesarean section

**Answer: D**

**50. The following is true about cephalhematoma:**

- a. It resolves in few weeks after labor
- b. It overlaps several bones
- c. It is ill defined
- d. Does not cause hyperbilirubinemia for the fetus

**Answer: A**

**51. Imperforate hymen typically first presents in which age group:**

- a. Perimenarche with primary amenorrhea
- b. Fetal period with polyhydramnios
- c. Neonatal period with urinary retention
- d. Reproductive age with primary infertility

**Answer: A**

**52. The following is true about longitudinal vaginal septum EXCEPT:**

- a. It results from improper fusion of the 2 mullerian
- b. It may cause dyspareunia
- c. It is treated surgically by excision of the septum
- d. It causes cryptomenorrhe

**Answer: D**

**53. Precocious puberty is diagnosed when:**

- a. The secondary sexual characters appear before the age of 8 years
- b. The secondary sexual characters appear before the age of 9 years
- c. The secondary sexual characters appear before the age of 7 years
- d. The secondary sexual characters appear before the age of 10 years

**Answer: A**

**54. The following is true about treatment of precocious puberty EXCEPT:**

- a. Gonadotrophic hormone releasing hormone agonist is used to suppress ovarian function
- b. The treatment should be continued until the age of 16 years
- c. Functioning ovarian tumor should be surgically removed if they are the cause of precocious puberty
- d. Adrenal tumors should be removed if they are the cause of precocious puberty

**Answer: B**

**55. The term premature menopause is used when the patient develops permanent cessation of menstruation at the following age:**

- a. Before the age of 45 years
- b. Before the age of 35 years
- c. Before the age of 50 years
- d. Before the age of 55 years

**Answer: A**

**56. The following is considered one of the most important health hazards associated with menopause:**

- a. Hypertension
- b. Insomnia
- c. Osteoporosis
- d. Hirsutism

**Answer: C**

**57. The following is true about testicular feminization syndrome EXCEPT:**

- a. It is the 3rd most common cause of primary amenorrhea
- b. Gonadectomy is indicated to avoid the development of germ cell tumor
- c. The patient is phenotypically female
- d. The karyotype is 46 XO

**Answer: D**

**58. PCOD is characterized by one of the following:**

- a. The androstenedione level is low
- b. The LH/FSH ratio is more than 1
- c. The LH/FSH level is less than 1
- d. The estradiol level is high

**Answer: B**

**59. The following is true about hyperprolactinemia EXCEPT:**

- a. It is more commonly psychologically
- b. It can be drug induced
- c. Microadenoma of the pituitary are more common than macroadenoma
- d. It is commonly associated with hyperthyroidism

**Answer: D**

**60. The following statements are true as regards serum progesterone measurement in diagnosis of infertility, EXCEPT:**

- a. The normal level is 5 ug/ml
- b. Measurement is usually at day 21 of the cycle
- c. Can be used for assessment of the luteal phase defect
- d. Used for diagnosis of anovulation

**Answer: A**

**61. Luteal phase defect can be diagnosed by:**

- a. Serum progesterone less than 10 ug/ml at in the midluteal phase of the cycle
- b. Dating of endometrial biopsy
- c. Short luteal phase by basal body temperature chart
- d. All of the above

**Answer: D**

**62. The following is true about primary dysmenorrhea EXCEPT:**

- a. It is associated usually with ovulatory cycles
- b. It may be associated with nausea and vomiting
- c. It is always related to the 1st and 2nd day of the period
- d. Physical examination may reveal the presence of uterine pathology

**Answer: D**

**63. The following are disadvantages of laparoscopy in the diagnosis of infertility EXCEPT:**

- a. Good evaluation of tubal factor
- b. Diagnosis of endometriosis
- c. Diagnosis of asherman syndrome
- d. Good visualization of pelvic adhesions

**Answer: C**

**64. Hysteroscopy is important for diagnosis of the following factors in infertility EXCEPT:**

- a. Intrauterine adhesions
- b. Submucous fibroids
- c. Peritubal adhesions
- d. Corneal block

**Answer: C**

***Laparoscopy is the gold standard in diagnosis of peritubal adhesion***

**65. Treatment of dysfunctional uterine bleeding include the following EXCEPT:**

- a. Progestin therapy
- b. Estrogen therapy
- c. Corticosteroids
- d. Endometrial ablation

**Answer: B**

**66. Facts about clomiphene citrate include the following EXCEPT:**

- a. Has antiestrogenic properties
- b. May be started with a 50 mg dose daily
- c. Is useful in primary ovarian failure
- d. May cause cervical mucus hostile

**Answer: C**

**67. A single 17 years old girl was presenting to the gynaecologist complaining of cramps associated with menstrual period for the past few years. The cramps became progressive with increasing severity by time. The cramps typically starts one day before the onset of the period and increases in severity on the first day of the period and lasts for 2 days after bleeding stops and accompanied by vomiting. The patient has to receive painkillers in the form of shots repeatedly to control the pain. She has been hospitalized on 2 occasions to receive the necessary medication to control pain. The patient reported that her period started at the age of 11 years and claims that she developed these cramps at the age of 15 years and since then it became progressive. Physical examination of the case is unremarkable. Based on this history, what is the next step in the management of this case:**

- a. Reassure the patient and her parents about her condition and send her home for follow up in 2 weeks
- b. Request for hormonal lab tests for evidence of ovulation
- c. Order for abdominal and pelvic ultrasound
- d. CT abdomen pelvis without contrast

**Answer: C**

**68. A 16 year old girl had irregular vaginal bleeding every 1-4 weeks since she first started menstruation 10 months ago. The bleeding is usually light but sometimes heavy. The next step is to perform:**

- a. Perform an endometrial biopsy
- b. Start oral contraceptives
- c. Obtain a pelvic ultrasound
- d. Reassurance and follow up

**Answer: C**

**69. A mother brings her 17 year old girl to you because she has not started her period but she has well developed breast and secondary sexual characters. She has been diagnosed by another gynaecological as mullerian agenesis and her karyotype is normal 46xx. What is the next step in this case:**

- a. MRI brain to rule out intracranial lesion
- b. MRI ovaries
- c. Complete retroperitoneal ultrasound to evaluate the urinary system
- d. Immediate removal of the gonads

**Answer: C**

**70. A 26 year old woman presents complaining of intermenstrual spotting over the last 3 months accompanied by minimal flow during her menses. She has been taking the same low dose combined oral contraceptive pills for the last 5 years. Her physical examination is unremarkable. The most probable explanation of her symptom is:**

- a. Endometrial hyperplasia
- b. Progesterone breakthrough bleeding
- c. Pregnancy
- d. Estrogen breakthrough bleeding

**Answer: D**

**71. A 46 year old woman gravid 6 para 4 presents complaining of a 2 year history of heavy menstrual blood loss lasting for 9 days. She has a history of bilateral tubal ligation. Her menses are occurring every 26 days and denies any bleeding in between the menses. The physical examination is unremarkable. The test most likely to aid in the diagnosis would be:**

- a. Menstrual calendar
- b. Pregnancy test
- c. Endometrial biopsy
- d. Pelvic ultrasound

**Answer: D**

**72. Cryptomenorrhea may be present with the following clinical presentation EXCEPT:**

- a. Acute urinary retention
- b. Hematocolpus
- c. Lower abdominal pain
- d. Premenstrual spotting

**Answer: D**

**73. Genital prolapse is associated with the following EXCEPT:**

- a. Multiparity
- b. Prolonged second stage of labor
- c. Unrepaired hidden perineal tear
- d. Negroes race

**Answer: D**

**Question 74 & 75.** A 22 years old parous woman complains of 3 months history of weight loss, nervousness, palpitation, and sweating. She denies a history of thyroid disease and she is not on any weight loss program. There is negative history of abdominal pain, nausea, vomiting, fever or prior irradiation. On examination, her blood pressure is 110/80 and pulse rate of 110/min. Her thyroid examination is normal. The patient is resting comfortably in bed not in acute stress. She does not have lid lag or proptosis. Her abdomen is not tender with normal bowel sounds. It is noted that she has fine tremors. On bimanual examination, the uterus is normal in size and right adnexal mobile non tender mass is felt on the right side of pelvis. Ultrasound examination revealed the presence of normal sized uterus with no focal lesions and the endometrium is proliferative in pattern. The right ovary is the site of a complex mass of 9x8, 8x8.2 cm in dimensions with solid and cystic areas. The left ovary shows normal dimensions and pattern. No fluid in Douglas pouch.

**74. What is the most likely diagnosis in this case:**

- a. Epithelial ovarian cancer
- b. Granulosa cell tumor
- c. Endometrioma
- d. Struma ovarii

**Answer: D**

**75. What is the best management of this case:**

- a. Exploratory laparotomy and right ovarian cystectomy
- b. Abdominal hysterectomy and right oophorectomy
- c. Pelvic irradiation
- d. Right ovarian biopsy

**Answer: A**

**76. What is the most common tumor of the ovary:**

- a. Mucinous cystadenoma
- b. Fibroma
- c. Benign teratoma
- d. Endodermal germ cell tumor

**Answer: A**

**77. Concerning epithelial ovarian cancer, select the most correct answer:**

- a. Epithelial ovarian cancer constitutes 25% of all ovarian cancer
- b. Epithelial ovarian cancer constitutes 50% of all ovarian cancer
- c. Epithelial ovarian cancer constitutes 75% of all ovarian cancer
- d. Epithelial ovarian cancer constitutes 15% of all ovarian cancer

**Answer: C**

**78. What is the most common cystic lesion of the ovary:**

- a. Dermoid cyst of the ovary
- b. Follicular cyst
- c. Ovarian abscess
- d. Endometrioma of the ovary

**Answer: B**

**79. What is the most common ovarian tumor seen in pregnant patient:**

- a. Fibroma
- b. Thecoma
- c. Teratoma
- d. Endometrioma

**Answer: C**

**80. Granulosa cell tumor is characterized on ultrasound by the following:**

- a. Completely solid
- b. Simple cyst
- c. Complex cystic and solid areas
- d. Ascites is commonly seen

**Answer: A**

**81. A 44 year old woman is noted to have a 10 cm tumor of the ovary. Which of the following is the most likely cell type:**

- a. Dermoid cyst
- b. Granulosa cell tumor
- c. Sertoli tumor
- d. Mucinous tumor

**Answer: D**

***Questions from 82:85: match the statement below with best word. each answer choice may be used more than once or not at all:***

- a. Norethindrone acetate
- b. Endometrioma
- c. Combined hormonal treatment
- d. Hematochezia
- e. Aromatase inhibitors

**82. Block production of estrogen within the endometriosis implants.**

**Answer: (e).**

**83. To ameliorate the menopausal symptoms of GnRH agonist therapy.**

**Answer: (c)**

**84. Ovarian cyst filled with blood.**

**Answer: (b).**

**85. Complication of extraovarian endometriosis.**

**Answer: (d).**

**86. An enterocele is best characterized by which of the following statement:**

- a. It is not a true hernia
- b. It is herniation of the bladder floor to the vagina
- c. It is a prolapse of the uterus and vaginal wall outside the body
- d. It is a protrusion of the pelvic peritoneal sac and vaginal wall into the vagina

**Answer: D.**

**87. The following about human papilloma virus (hPV) infection are correct EXCEPT:**

- a. It is the most common viral STD**
- b. It may lead to CIN and cervical cancer**
- c. It is due to RNA virus**
- d. Infection may be warty or flat condyloma**

**Answer: C**

**Questions 88-90. A 65 year old woman multigravida presenting with heavy blood loss per vagina with clots for the past two days. She had a similar episode 2 weeks ago. There is associated pelvic pain that is referred to the lower back. Her period has stopped since 13 years, the patient has consulted a gynaecologist when she had the first episode of bleeding . she was admitted to the hospital for an endometrial biopsy but the result is still pending. The patient is known to be hypertensive but the blood pressure is controlled by medical treatment and she is diabetic or oral hypoglycemic. Her last lab result were within normal range apart for microscopic hematuria in the urine analysis. Bimanual examination revealed symmetrically enlarged uterus with no adnexal masses. Speculum examination revealed bulky uterus with endometrial thickness of 11 mm. there is no focal intrauterine lesions. Both ovaries could not be visualized.**

**88. What is the most likely diagnosis:**

- a. Endometritis**
- b. Endometrial cancer**
- c. Cervical polyp**
- d. Endometrial hyperplasia**
- e. B or D**

**Answer: E**

**89. What is the next step in this case:**

- a. MRI**
- b. CT scan**
- c. Evaluation of the histopathological result**
- d. Hormonal analysis (E2 and progesterone)**
- e. Repeat ultrasound examination**

**Answer: C**

**90. The following surgical procedure can be advised in this case EXCEPT:**

- a. Hysterectomy**
- b. Endometrial ablation**
- c. Hystroscopic resection of the endometrium**
- d. Laparoscopic fulguration of the endometrium**

**Answer: D**

**91. Uterine leiomyoma can be a cause of infertility. The mechanism by which leiomyoma can cause infertility include EXCEPT:**

- a. Interfere with implantations due to distortion of the cavity**
- b. Tubal obstruction cause by multiple fibroid**
- c. Interfere with sperm motility in case of large cervical fibroid**
- d. Interfere with fertilization due to lack of capacitation**

**Answer: D**



**92. Hysterosalpingography is used to diagnose the following EXCEPT:**

- a. Subserous leiomyoma**
- b. Tubal obstruction**
- c. Peritubal adhesions**
- d. Asherman syndrome**

**Answer: A**

**93. The following is true about complications related to intrauterine contraceptive device EXCEPT:**

- a. It is contraindicated in undiagnosed vaginal bleeding**
- b. It is contraindicated in patient with a history of ectopic pregnancy**
- c. It is contraindicated in patient with uterine anomalies making insertion difficult**
- d. It is contraindicated in lactating patients**

**Answer: D**

**94. In counseling a patient for use of oral contraception. The following side effects of OCP are true EXCEPT:**

- a. Weight loss**
- b. Hypomenorrhea**
- c. Thromboembolic events**
- d. Breakthrough bleeding**

**Answer: A**

**95. Cervical intraepithelial neoplasia grade 1 refers to:**

- a. Atypical cells occupy the lower one third of the thickness of the epithelium**
- b. Atypical cells occupy the upper one third of the thickness of epithelium**
- c. Atypical cells occupy the middle one third of thickness of epithelium**
- d. Atypical cells are present throughout the thickness of the epithelium but without invasion**

**Answer: A**

**96. The following are considered a risk factor of endometrial carcinoma EXCEPT:**

- a. Complex endometrial hyperplasia**
- b. Atypical endometrial hyperplasia**
- c. Multiparity**
- d. Marked obesity and hypertension**

**Answer: C**

**97. Magnetic resonance imaging is used for the diagnosis of the following EXCEPT:**

- a. Differentiating ovarian tumors**
- b. Evaluation of uterine fibroids to identify the size, number and location of the fibroids**
- c. Monitoring ovulation**
- d. Differentiating between adenomyosis and uterine leiomyoma**

**Answer: C**

**98. Non-neoplastic cysts of the ovary include the following EXCEPT:**

- a. Theca lutein cysts**
- b. Pregnancy luteomas**
- c. Corpus luteum cysts**
- d. Dermoid cysts**

**Answer: D**

**99. The following about candidal infection are correct EXCEPT:**

- a. The infection is common with pregnancy**
- b. Vaginal pH is usually alkaline**
- c. Vulval itching may occur**
- d. Vaginal isoconazole or miconazole are effective**

**Answer: B**

**100. The following surgical treatments are used for the treatment of the genuine stress incontinence EXCEPT:**

- a. Kelly suture**
- b. Collins suture**
- c. Tension free vaginal tape**
- d. Periurethral injection of collagen**

**Answer: B**

---

## Final exam – September 2017

1. True labor pains are characterized by the following EXCEPT:

- a. Being rhythmic.
- b. Being voluntary.
- c. Gradual increase in frequency by time.
- d. Gradual increase in intensity by time.

Answer: B

2. Engagement occurs when the bi-parietal diameter of the fetal head descends level of which of the following:

- a. Midpelvis.
- b. Pelvic inlet.
- c. Pelvic floor.
- d. Ischial tuberosities.

Answer: B

3. Which of the following is contraindicated during pregnancy:

- a. Rabies vaccine
- b. Tetanus toxoid
- c. Meningococcus Vaccine
- d. Varicella-Zoster vaccine

Answer: D

4. The Most common side effect of the tocolytic agent is:

- a. Vaginal bleeding.
- b. Palpitation.
- c. Nausea and vomiting.
- d. Oliguria.

Answer: B

5. The Diameter of the fetal skull that presents at the vulva during normal labor:

- a. Suboccipitofrontal.
- b. Occipitofrontal.
- c. Suboccipitobregmatic.
- d. Mentoverical.

Answer: A

6. What is the treatment of choice for a 20 week size complete mole in a 28-year-old G2P1:

- a. Hysterectomy.
- b. Hysterotomy and evacuation.
- c. Dilatation and suction evacuation.
- d. Intramuscular systemic methotrexate.

Answer: C

**7. Which of the following congenital malformation can be diagnosed in the first trimester:**

- a. Microcephaly.**
- b. Anencephaly.**
- c. Meningocele.**
- d. Encephalocele.**

**Answer: B**

**8. Treatment of hydatidiform mole by hysterectomy:**

- a. Is only indicated if patient is less than 40 years old.**
- b. Should include removal of the cystic ovaries.**
- c. Does not prevent metastasis.**
- d. Should be associated with prophylactic chemotherapy in all cases.**

**Answer: C**

**9. The incidence of abruptio placentae increases with the following EXCEPT:**

- a. Elderly primigravida.**
- b. Increasing Maternal age.**
- c. Factor V leiden.**
- d. Placenta previa.**

**Answer: D**

**10. Indications of vertical LUS incision (Kronig's incision) include the following EXCEPT:**

- a. Cervical dystocia.**
- b. Constriction ring.**
- c. Varicose veins in the broad ligament.**
- d. Deeply engaged fetal head.**

**Answer: A**

**11. The pain of the second stage of labor is conveyed which nerve:**

- a. Paracervical.**
- b. Pudendal.**
- c. Genitofemoral.**
- d. Ilio-hypogastric.**

**Answer: B**

**12. How should a woman who has had 3 pregnancies delivered at 37 weeks of gestation, one of which was twin pregnancy, be designated:**

- a. Gravida 3 para 3.**
- b. Gravida 3 para 4.**
- c. Gravida 4 Para 4.**
- d. Gravida 4 Para 3.**

**Answer: A**

**13. What is the greatest risk factor for uterine dehiscence or incomplete uterine rupture:**

- a. Grand Multiparity.**
- b. Multifetal gestation.**
- c. Prior cesarean delivery.**
- d. Use of uterotonic agents.**

**Answer: C**

**14. Compared with normal shaped placenta, which complication of third stage labour is more common with an undiagnosed succenturiate lobe:**

- a. Cord avulsion.**
- b. Chorioamnionitis.**
- c. Uterine inversion.**
- d. Retained cotyledon.**

**Answer: D**

**15. Which of the following presentation is not all compatible with vaginal delivery in a normally grown term fetus:**

- a. Right occipito posterior.**
- b. Mento anterior face.**
- c. Mento posterior face. *"if it meant direct"***
- d. Direct occipito posterior.**

**Answer: C**

**16. Risk factor for incomplete rotation of the posterior occiput include the following EXCEPT:**

- a. Macrosomia.**
- b. Poor uterine contraction.**
- c. Intact membranes.**
- d. Inadequate head flexion.**

**Answer: C**

**17. Which of the following represents the most common cause for breech presentation at the onset of labor:**

- a. Prematurity.**
- b. Placenta accreta.**
- c. Anencephaly.**
- d. Frank breech.**

**Answer: A**

**18. A 30 years old multigravida is pregnant in 28 weeks gestation and presenting with severe pain in the right flank radiating to the groin, associated with rigors and chills. The most likely diagnosis is:**

- a. Appendicitis.**
- b. Torsion of ovarian cyst.**
- c. Pyelonephritis.**
- d. Meckel's diverticulum.**

**Answer: C**

**19. Which of the following ultrasound findings would be a contraindication to planned vaginal delivery of a term breech:**

- a. EFW of 3500 g.
- b. Fetal pyelectasis.
- c. Extension (>90 degrees) of the fetal head.
- d. Complete breech presentation.

**Answer: C**

**20. Which of the following named maneuvers are used to deliver the fetal arms during vaginal breech delivery:**

- a. Pinard maneuver.
- b. Lovest maneuver.
- c. Mauriceau-smellie-veit maneuver.
- d. Prague maneuver.

**Answer: B**

**21. A 24 years old gravida 2 para 2 had her last menstrual period 9 weeks ago . she presented with excessive bleeding and passage of tissues. Associated with lower abdominal pain. The most likely diagnosis is:**

- a. Threatened abortion.
- b. Inevitable abortion.
- c. Incomplete abortion.
- d. Ectopic pregnancy

**Answer: C**

**22. Magnesium sulfate is given to the pre-eclamptic patient for which of the following:**

- a. Control blood pressure.
- b. Improve urinary output.
- c. Reduce peripheral edema.
- d. Prevent seizures.

**Answer: D**

**23. Increased nuchal translucency in 13th week fetal ultrasound is characteristic of:**

- a. Turner syndrome.
- b. Down's syndrome.
- c. Hydrocephalus.
- d. Klinefelter's syndrome.

**Answer: B**

**24. Misoprostol has been found to be effective in all of the following EXCEPT:**

- a. Missed abortion.
- b. Induction of labour.
- c. Menorrhagia.
- d. Prevention of post-partum hemorrhage.

**Answer: C**

**25. What is the most common tubal implantation site for an ectopic pregnancy:**

- a. Ampulla.**
- b. Fimbria.**
- c. Isthmus.**
- d. Cornu.**

**Answer: A**

**26. Which of the following is the most common sign of an intrapartum uterine rupture:**

- a. Maternal pain.**
- b. Loss of contractions.**
- c. Maternal shock.**
- d. Sudden onset prolonged fetal bradycardia.**

**Answer: D**

**27. Internal podalic version is usually reserved for which clinical settings:**

- a. Frank breech deliveries.**
- b. Complete breech deliveries.**
- c. Delivery of an aftercoming twin.**
- d. Preterm breech deliveries regardless of presentation.**

**Answer: C**

**28. Abnormally low level of B HCG may be found in which of the following conditions:**

- a. Multifetal pregnancy.**
- b. Impending abortion.**
- c. Erythroblastosis fetalis.**
- d. Gestational trophoblastic disease.**

**Answer: B**

**29. Which of the following is not component of Apgar score:**

- a. Color.**
- b. Heart rate.**
- c. Gestational age.**
- d. Respiratory effort.**

**Answer: C**

**30. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent side walls, prominent ischial spines and narrow pubic arch:**

- a. Android.**
- b. Gynaecoid.**
- c. Platypelloid.**
- d. Mixed.**

**Answer: A**

**31. Aetiological factors for oligohydramnios include the following EXCEPT:**

- a. Placental insufficiency.**
- b. Fetal renal anomalies.**
- c. Indomethacin.**
- d. Duodenal atresia.**

**Answer: D**

**32. Which of the following is not correct regarding the pathological ring:**

- a. Rises up with time.**
- b. Relaxes by antispasmodics.**
- c. Lies always between the upper and lower uterine segment.**
- d. Felt and seen abdominally.**

**Answer: B**

**33. Which of the following is the first line of treatment in the management of hyperemesis gravidarum:**

- a. Glucocorticoids.**
- b. Enteral nutrition.**
- c. Medical termination of pregnancy.**
- d. IV hydration and anti-emetics.**

**Answer: D**

**34. Toxicity of  $MgSO_4$  in cases of preeclampsia and eclampsia include the following EXCEPT:**

- a. Exaggerated patellar reflex.**
- b. Respiratory depression.**
- c. Cardiac arrest.**
- d. Neonatal low Apgar scores.**

**Answer: A**

**35. The clinical evaluation of the pelvic inlet requires direct measurement of which diameter:**

- a. True conjugate.**
- b. Obstetrical conjugate.**
- c. Diagonal conjugate.**
- d. Pelvic inlet transverse diameter.**

**Answer: C**

**36. A patient who has been treated for trophoblastic disease is best followed by the use of which of the following:**

- a. MRI.**
- b. Repeated B-HCG titres.**
- c. Dilatation and curettage.**
- d. Ultrasound.**

**Answer: B**

**37. Which is the most appropriate management for an asymptomatic woman with 8 weeks of amenorrhoea, a positive pregnancy test result, and string of a copper IUD visible at the cervix:**

- a. Observation.**
- b. IUD removal and D&C.**
- c. Transvaginal US and IUD removal.**
- d. Penicillin and IUD removal.**

**Answer: C**



**38. Which of the following complications is most frequently encountered with a cesarean hysterectomy:**

- a. Need for transfusion of blood products.**
- b. Urinary tract injury.**
- c. Endometritis.**
- d. Maternal death.**

**Answer: A.**

**39. Which parameter of the following is not included in ultrasound biophysical profile for fetal monitoring:**

- a. Fetal tone.**
- b. Fetal gross body movements.**
- c. Oxytocin challenge test.**
- d. Non stress test.**

**Answer: C**

**40. Which of the following types of obstetrical forceps has been shown to be useful for delivery of the after coming head at vaginal delivery:**

- a. Simpson.**
- b. Kielland.**
- c. Piper.**
- d. Wrigley's.**

**Answer: C**

**41. In a woman using IUCD, if an intrauterine pregnancy occurs and the threads are visible, the reason behind recommending removing the device is to prevent:**

- a. The risk of subsequent septic abortion.**
- b. The risk of foetal congenital anomalies.**
- c. Postpartum haemorrhage.**
- d. Uterine perforation.**

**Answer: A**

**42. A patient sustained a laceration of the perineum during delivery that involved the muscles of perineal body and the anal sphincter as well as the anal mucosa. Such a laceration would be classified as:**

- a. First degree.**
- b. Second degree.**
- c. Third degree**
- d. Forth degree.**

**Answer: D**

**43. A 22-year- old G1 p0 woman at 29 weeks gestation is noted to have a diagnosis of HELLP syndrome. Which of the following finding is most likely to be present in this patient:**

- a. Seizures / convulsions.**
- b. Oliguria.**
- c. Low platelets.**
- d. Subcapsular liver hematoma.**

**Answer: C**

**44. Which of the following represents the most important information before proceeding with forceps delivery:**

- a. Whether there was meconium in the amniotic fluid.**
- b. The estimated fetal weight.**
- c. The biparietal diameter of the maternal pelvis.**
- d. The position of the fetal head.**

**Answer: D**

**45. A 34-year-old woman at 35 weeks gestation is being counseled about her condition and possible complications. Hemorrhage and the need for hysterectomy are explained. The patient asks what the likelihood for hysterectomy is. Which of the following causes of obstetrical hemorrhage is most likely to lead to cesarean hysterectomy:**

- a. Placenta accreta.**
- b. Uterine atony.**
- c. Placental abruption.**
- d. Uterine rupture.**

**Answer: A**

**46. A 31-year-old G1P0 woman presents to your office at 32 weeks of gestation with an adnexal mass which is described on sonogram as having a complex echo pattern and calcified material. There is no free fluid and the mass is 5cm. What is the most likely diagnosis:**

- a. Benign cystic teratoma.**
- b. Hemorrhagic corpus luteum cyst.**
- c. Ovarian hyperstimulation syndrome.**
- d. Theca lutein cyst.**

**Answer: A**

**47. A 19-year-old G2P1 woman at 15 weeks gestation is noted to have a 9cm adnexal mass. She complains of abdominal pain that is crampy in nature and associated with nausea and vomiting. Which of the following is the most likely diagnosis:**

- a. Abruptio placenta.**
- b. Chorioamnionitis.**
- c. Ovarian torsion**
- d. Rupture of membranes.**

**Answer: C**

**48. A 27-year-old primi-gravida presented to the emergency department with pregnancy induced hypertension at 32 weeks of gestation. She had no other complications. On examination, she had a blood pressure of 150/100mm of Hg. Her blood pressure was later controlled with treatment. If there are no complications. The pregnancy should be terminated at:**

- a. 40 completed weeks.**
- b. 37 completed weeks.**
- c. 36 completed weeks.**
- d. 34 completed weeks.**

**Answer: C**

**49. A 24 years old 4<sup>th</sup> gravida at 32 weeks gestation presented with preterm rupture of the membranes for 7 days. She has pain in her lower abdomen, fever and purulent vaginal discharge. What is her diagnosis:**

- a. Puerperal pyrexia.**
- b. preterm labor.**
- c. Antepartum hemorrhage.**
- d. Chorioamnionitis.**

**Answer: D**

**50. A 28-year-old woman with previous history of delivering a baby with Down's syndrome is now pregnant in 15 weeks. Which of the following investigations you would suggest for her:**

- a. Chorionic villous sampling.**
- b. Fetal blood sampling.**
- c. Amniocentesis.**
- d. Detailed ultrasound scanning at 18th week.**

**Answer: C**

**51. Features of untreated Turner's syndrome (45,X) include which of the following:**

- a. Low serum gonadotrophin levels.**
- b. Low serum E2 levels.**
- c. Hot flushes.**
- d. Increased incidence of gonadal malignant tumours.**

**Answer: B**

**52. What is the treatment of choice for condylomata accuminata during pregnancy:**

- a. Podophyllin resin.**
- b. Trichloroacetic acid.**
- c. Interferon.**
- d. 5-Fluorouracil.**

**Answer: B**

**53. Polycystic ovarian disease is characterized by the following EXCEPT:**

- a. Negative progesterone withdrawal bleeding.**
- b. Anovulation.**
- c. Decreased sex hormone binding globulin.**
- d. Subfertility.**

**Answer: A**

**54. Which tumor marker is likely to be raised in association of granulosa cell tumor:**

- a.  $\beta$ - hCG.**
- b.  $\alpha$ - fetoprotein.**
- c. Inhibin B.**
- d. CA- 125.**

**Answer: C**

**55. What is the most common presenting symptoms in a woman with a benign cystic teratoma of the ovary:**

- a. Virilizing symptoms.**
- b. Abdominal pain.**
- c. Abdominal distention.**
- d. Menstrual abnormality.**

**Answer: B**

**56. An increased incidence of endometrial carcinoma is found in woman with:**

- a. Early menarche.**
- b. Premature menopause.**
- c. Obesity.**
- d. Resistant ovary syndrome.**

**Answer: C**

**57. Common sites of endometriosis include the following EXCEPT:**

- a. Bone.**
- b. Ovaries.**
- c. Uterosacral ligaments.**
- d. Peritoneum.**

**Answer: A**

**58. Possible causes of menorrhagia include the following EXCEPT:**

- a. Adenomyosis.**
- b. Pelvic inflammatory disease**
- c. Endometrial hyperplasia.**
- d. Levonorgestrel medicated IUD.**

**Answer: D**

**59. Nabothian cysts are regarded as:**

- a. Embryonic rests.**
- b. Retention cysts.**
- c. Endometrial implants.**
- d. Keratinous cysts.**

**Answer: B**

**60. The first meiotic division of oocytes is completed at which of the following times?**

- a. Birth.**
- b. Puberty.**
- c. Ovulation.**
- d. Fertilization.**

**Answer: C**

**61. Which of the following is generally the treatment of choice for recurrent Bartholin's gland duct cysts:**

- a. Systemic antibiotics.**
- b. 5-percent lidocaine ointment.**
- c. Warm compresses.**

**d. Marsupialization.**

**Answer: D**

**62. Estrogen administration in a menopausal woman increase which of the following:**

- a. Gonadotropin secretion.**
- b. LDL cholesterol.**
- c. Bone mass.**
- d. Muscle mass.**

**Answer: C**

**63. Fibroid uterus may present with all of the following EXCEPT:**

- a. Amenorrhea .**
- b. pelvic mass.**
- c. Infertility .**
- d. Polymenorrhea.**

**Answer: A**

**64. Caseous, whitish yellowish vaginal discharge with no or minimal odor is suggestive of:**

- a. Bacterial vaginosis.**
- b. Vulvovaginal candidiasis.**
- c. Trichomoniasis.**
- d. Cervical or vaginal cancer.**

**Answer: B**

**65. Absolute contraindications for IUD use include the following EXCEPT:**

- a. Current or past history of breast cancer.**
- b. Pregnancy.**
- c. Significantly distorted uterine anatomy.**
- d. Undiagnosed vaginal bleeding.**

**Answer: A**

**66. The most common presenting symptom of endometrial hyperplasia is:**

- a. Vaginal discharge.**
- b. Pelvic heaviness.**
- c. Vaginal bleeding.**
- d. Amenorrhea.**

**Answer: C**

**67. What is the first line of treatment for a pituitary macroadenoma:**

- a. Radiation therapy.**
- b. Dopamine agonist therapy.**
- c. Trans-sphenoidal resection.**
- d. Somatostatin-agonist therapy.**

**Answer: B**

**68. Cystometric parameters of normal bladder filling include the following EXCEPT:**

- a. Residual urine after voiding 50 ml**
- b. Detrusor pressure filling 15 cm H<sub>2</sub>O**
- c. Absence of systolic detrusor contraction**
- d. First desire to void at 400ml.**

**Answer: D**

**69. Which of the following is the gold standard technique for tubal evaluation:**

- a. Hysterosalpingography.
- b. Laparoscopic evaluation.
- c. Saline infusion sonography.
- d. Magnetic resonance imaging.

**Answer: B**

**70. Serum  $\alpha$ -fetoprotein concentration is a clinically useful tumor marker for which of the following ovarian tumors:**

- a. Brenner tumours.
- b. Mucinous cyst adenocarcinoma.
- c. Endodermal sinus tumours.
- d. Arrhenoblastoma.

**Answer: C**

**71. Bicornuate uterus might predispose to the following EXCEPT:**

- a. Recurrent preterm labor.
- b. Primary amenorrhea.
- c. Recurrent oblique lie.
- d. Retention of the placenta after delivery.

**Answer: B**

**72. Which of the following is correct regarding uretero-vaginal fistula:**

- a. The patient usually complains of total incontinence.
- b. The commonest site is the lower third of the ureter.
- c. A ureteric catheter can be passed on the affected side.
- d. Methylene blue test can differentiate unilateral from bilateral cases.

**Answer: B**

**73. Presence of pyometra in post-menopausal females strongly suggests:**

- a. Diabetes mellitus.
- b. Degenerating myoma.
- c. Senile endometritis.
- d. Malignancy.

**Answer: D**

**74. Gonadal dysgenesis is treated using which of the following:**

- a. Thyroid extract.
- b. Oestrogens.
- c. Progesterone.
- d. Dexamethasone.

**Answer: B**

*[In hypogonadotrophic hypogonadism, patients are given ESTROGENS only for 3 years followed by E and PRG replacement therapy. That is because PRG interferes with normal breast development, they are therefore started when Breasts are Tanner stage 3 or 4]*

**75. Causes of heterosexual precocious puberty include which of the following:**

- a. Glioma.**
- b. Empty sella syndrome.**
- c. Adrenal tumors.**
- d. Exogenous oestrogens.**

**Answer: C**

**76. Regarding cervical myomas, patients may present with the following EXCEPT:**

- a. Deep dyspareunia.**
- b. Retention of urine.**
- c. Loin pain.**
- d. Excessive menstrual blood loss.**

**Answer: D**

**77. The primary lymphatic drainage of the lower vagina is to:**

- a. External iliac nodes.**
- b. Sacral nodes.**
- c. Internal iliac nodes**
- d. Superficial inguinal nodes.**

**Answer: D**

**78. In adult female gonorrhea affects the following EXCEPT:**

- a. Vagina.**
- b. Cervix.**
- c. Urethra.**
- d. Bartholin glands.**

**Answer: A**

**79. Lactational amenorrhoea is due to:**

- a. Prolactin induced inhibition of GnRH.**
- b. Prolactin induced inhibition of FSH.**
- c. Oxytocin induced inhibition of GnRH.**
- d. Oxytocin induced inhibition of FSH.**

**Answer: A**

**80. The following regular drugs should be omitted prior to major gynaecological surgery:**

- a. Combind oral contraceptive pill. *"4 weeks before any surgery to decrease risk for DVT"*!**
- b. Propranolol.**
- c. Salbutamol.**
- d. Alpha methyl dopa.**

**Answer: A**

**81. Which one of the following is the ideal contraceptive for a patient with heart disease?**

- a. IUCD.**
- b. Depo-Provera.**
- c. Diaphragm.**
- d. Oral contraceptive pills.**

**Answer: C**

**82. In a case of Dysgerminoma of ovary which tumor marker is likely to be raised:**

- a. Serum HCG.
- b. Serum  $\alpha$ -fetoprotein.
- c. Serum lactate dehydrogenase.
- d. Serum inhibin.

**Answer: C**

**83. Which of the following terms describes cyclic menstrual pain without identifiable associated pathology:**

- a. Adenomyosis.
- b. Primary dysmenorrhea.
- c. Secondary dysmenorrhea.
- d. Menstrual outlet obstruction.

**Answer: B**

**84. Which of the following medications can be added to improve clomiphene citrate response in woman with PCOS:**

- a. Thyroid extract.
- b. Insulin.
- c. Metformin.
- d. Progesterone.

**Answer: C**

**85. Which of the following potentiates the release of prolactin from the anterior pituitary gland:**

- a. Dopamine.
- b. Thyrotropin-releasing hormone.
- c. Gonadotropin-releasing hormone.
- d. Corticotropin-releasing hormone.

**Answer: B**

**86. The following conditions are absolute contraindications to taking combined oral contraceptive pill EXCEPT:**

- a. Migraine headache.
- b. Benign liver disease.
- c. Severe thrombotic disease.
- d. Coronary heart disease.

**Answer: A**

**87. A Woman complaining of milky whitish discharge, with fishy odor and no itching. The most likely diagnosis is:**

- a. Bacterial vaginosis.
- b. Trichomoniasis.
- c. Candidiasis.
- d. Urinary tract infection.

**Answer: A**



**88. Which of the following pubertal events would occur even in the absence of ovarian estrogen production:**

- a. Pubarche. *"androgen dependent"***
- b. Menarche.**
- c. Growth spurt.**
- d. Vaginal comification.**

**Answer: A**

**89. A patient complains of post coital bleeding and no growth is seen on the cervix per speculum examination. The best next step should be:**

- a. Colposcopy.**
- b. Conization.**
- c. Vaginal U/S**
- d. Culdoscopy.**

**Answer: A**

**90. A 13-year old girl came to the emergency department with acute lower abdominal pain. She had cyclical pain for the last 6 months. She has not yet attained her menarche. On examination, a tense bulge was seen in the region of the hymen. The most probable diagnosis is:**

- a. Mayer-Rokitansky-Kauster-Hauser syndrome.**
- b. Imperforate hymen.**
- c. Asherman,s syndrome.**
- d. Congenital adrenal hyperplasia.**

**Answer: B**

**91. A 40-year-old woman presented to the gynecologist with complaints of profuse vaginal discharge. There was no discharge from the cervix on the speculum examination. The diagnosis of bacterial vaginosis was made based upon all of the following findings on microscopy EXCEPT:**

- a. Abundance of gram variable coccobacilli.**
- b. Absence of lactobacilli.**
- c. Abundance of polymorphs.**
- d. Presence of clue cells.**

**Answer: C**

**92. You are asked to see a 16 year old girl who has still not started menstruating. You request some basic investigations and an ultrasound shows that the uterus is present and blood show high gonadotropin levels. Which is the most likely cause:**

- a. Androgen insensitivity syndrome.**
- b. Mullerian agenesis.**
- c. Monosomy X.**
- d. Genital outflow obstruction.**

**Answer: C**

93. A 21-year-old G0, with history of irregular menses presents for her first gynecologic examination. Pelvic examination reveals fullness in the right adnexa. The examination is otherwise unremarkable. You obtain a transvaginal U/S which reveals a thin –walled 4-cm unilocular, clear fluid- appearing cystic structure in the right ovary. How would you manage this patient:

- a. Send tumor markers.
- b. Follow- up U/S in 3-6 months.
- c. Laparoscopy and cystectomy.
- d. Laparotomy.

Answer: B

94. Primary amenorrhoea associated with poor breast development but normal uterus and lower genital tract may be due to the following EXCEPT:

- a. Kallmann's syndrome.
- b. Testicular feminization syndrome.
- c. Turner's syndrome.
- d. 17  $\alpha$ -hydroxylase deficiency.

Answer: B

95. A 33- year- old para2 is admitted as an emergency with rapid onset of acute right iliac fossa pain. On admission, she has tenderness and guarding in her right iliac fossa. Her temperature is 37.8<sup>0</sup>c. her pulse is 92 beats minute and her blood pressure 115/75 mmHg. Her white cell count and neutrophil count are both raised which of the following is the single most likely diagnosis?

- a. Endometriosis.
- b. Torsion of an ovarian cyst.
- c. Threatened miscarriage.
- d. Unruptured ectopic pregnancy

Answer: B

96. In the investigation of a 32-year-old para 2, an incidental finding of a pelvic mass is made. Which of the following statements is the single best answer:

- a. Pregnancy needs to be excluded.
- b. CT scan is the imaging method of choice.
- c. Ovarian cancer is the most likely diagnosis.
- d. The diagnosis is unlikely to be fibroids as she is asymptomatic.

Answer: A

97. A 20- year – old presents to you with a deep, excavating, painless lesion above the clitoris, overlying the pubic bone. Her serum VDRL is positive. A lumbar puncture and analysis of her cerebrospinal fluid also yields a positive VDRL. The best term to describe her lesion is:

- a. Condyloma acuminatum.
- b. Condyloma latum.
- c. Chancre
- d. Gumma.

Answer: D

*[Neurosyphilis is in tertiary stage]*

**98. A 32-year-old woman, gravida 3, para3, just delivered a viable female infant weighing 4,000 g via cesarean section for non-reassuring fetal heart rate pattern. She received intrathecal (spinal) anesthetic and narcotic for pain relief during the procedure. Her Foley catheter is left in place for several hours after the cesarean section. this will prevent:**

- a. Stress incontinence**
- b. Urge incontinence.**
- c. Overflow incontinence.**
- d. Postoperative urinary tract infection.**

**Answer: C**

**99. A 56-year-old woman, gravida 2, para2, who reports leaking urine when she coughs and exercises, is diagnosed with genuine SUI. Her examination is significant for a Q-tip test 45 degrees from the horizontal. A regimen of Kegel exercises and a pessary do not improve her symptoms, and she desires more definitive treatment. The next best step in surgical management is:**

- a. Anterior repair.**
- b. Needle suspension.**
- c. Peri-urethral injection.**
- d. Mid-urethral sling.**

**Answer: D**

**100. A 23-year-old woman, gravida1, para 0, spontaneous abortion1, has colposcopy for evaluation of a high-grade lesion found on pap squamo-columnar junction was visible in its entirety. And the endocervix showed CIN3. A directed biopsy of the cervix also revealed CIN3. The next management is:**

- a. CO<sub>2</sub> laser ablation of the abnormal lesions of the cervix.**
- b. Cryotherapy of cervix.**
- c. Cold knife conisation of cervix.**
- d. Simple hysterectomy.**

**Answer: C**

## First end of round exam – 2018

1. What is the most common tubal implantation site for an ectopic pregnancy:

- a. Ampulla.
- b. Interstitial part.
- c. Isthmus.
- d. Cornu.

Answer: A

2. The most common cause of post-partum hemorrhage is:

- a. Uterine atony.
- b. Coagulopathy.
- c. Obstetric trauma.
- d. Retained placenta.

Answer: A

3. The relationship of the long. axis of the fetus to the long. axis of the mother is called:

- a. Lie.
- b. Presentation.
- c. Position.
- d. Attitude.

Answer: A

4. The Bishop score is used to predict:

- a. The state of the fetus at the time of delivery.
- b. The success rate of the induction of the labor.
- c. The fetal condition in the uterus.
- d. The maternal well-being in labor.

Answer: B

5. Which of the following is a possible sign of pelvic inlet contraction:

- a. Premature rupture of membranes.
- b. Arrest at station +2.
- c. Bishop score of 9.
- d. Transverse diameter of 12.0 cm.

Answer: D

6. Engagement occurs when the biparietal diameter of the fetal head descends below the level of:

- a. Mid pelvis.
- b. Pelvic inlet.
- c. Pelvic floor.
- d. Ischial tuberosities.

Answer: B

**7. Which of the following is not a component of Apgar score:**

- a. Color.**
- b. Heart rate.**
- c. Gestational age.**
- d. Respiratory effort.**

**Answer: C**

**8. During most of the active phase of labor:**

- a. Uterine contractility diminishes.**
- b. Cervical dilation occurs linearly.**
- c. Fetal descent occurs.**
- d. The cervix remains very posterior.**

**Answer: C**

**9. Prolonged latent phase is associated with:**

- a. A cervix that has undergone little ripening prior to labor.**
- b. An increased risk of subsequent arrest of dilatation.**
- c. A need for cesarean delivery.**
- d. Unresponsiveness of the uterus to exogenous oxytocin.**

**Answer: A**

**10. Which of the following is associated with third and fourth degree perineal laceration:**

- a. Multiparity.**
- b. Occiput anterior position.**
- c. Use of mediolateral episiotomy.**
- d. Prolonged second stage of labor.**

**Answer: D**

**11. Which of the following conditions shows 69, XXY trisomy:**

- a. Partial hydatidiform mole.**
- b. Choriocarcinoma.**
- c. Down syndrome.**
- d. Klinefelter's syndrome.**

**Answer: A**

**12. The most definitive treatment for pre-eclampsia is:**

- a. IV magnesium sulfate.**
- b. Diazepam.**
- c. Termination of pregnancy.**
- d. IV hydralazine.**

**Answer: C**

**13. What is the only absolute contraindication for laparoscopic treatment of ectopic pregnancy:**

- a. Hypovolemic shock.**
- b. Sudden severe abdominal pain.**
- c. Severe vaginal bleeding.**
- d. Previous laparotomy.**

**Answer: A**

**14. What is the greatest risk factor for uterine dehiscence or incomplete uterine rupture:**

- a. Prior cesarean delivery.**
- b. Use of uterotonic agents.**
- c. Grand multiparity.**
- d. Multifetal gestation.**

**Answer: A**

**15. Management of asymptomatic bacteruria includes:**

- a. Expectant management.**
- b. Induction of labor.**
- c. Antibiotics.**
- d. Intravenous hydration.**

**Answer: C**

**16. A pregnant woman in her 32<sup>nd</sup> week of gestation is given magnesium sulfate for pre-eclampsia. The earliest clinical indication of hypermagnesemia is:**

- a. Loss of deep tendon reflexes.**
- b. Flaccid paralysis.**
- c. Respiratory arrest.**
- d. Hypotension.**

**Answer: A**

**17. An ultrasound is performed at 32-week prenatal visit. The fetus is found to be in breech presentation with its hips flexed and knees extended. What is the type of breech:**

- a. Complete breech.**
- b. Frank breech.**
- c. Single footling breech.**
- d. Double footling breech.**

**Answer: B**

**18. Monochorionicity in a twin pregnancy can be suspected by the presence of all the following ultrasound features, EXCEPT:**

- a. Separate placental disks.**
- b. T-shaped junction of amnion into chorion.**
- c. Fetuses of the same gender.**
- d. Very thin intertwin membrane.**

**Answer: A**

**19. In which condition, the placental villi implant on uterine smooth muscle without intervening decidua:**

- a. Placenta accreta.**
- b. Placenta previa.**
- c. Placenta membranacea.**
- d. Placenta circumvallate.**

**Answer: A**

**20. Indications for ultrasound examination in the 1<sup>st</sup> trimester of pregnancy are all of the following, EXCEPT:**

- a. To confirm the presence of an intrauterine pregnancy.**
- b. To estimate gestational age in a patient who had an embryo transfer.**
- c. To confirm cardiac activity.**
- d. To evaluate suspected hydatidiform mole.**

**Answer: B**

**21. What is the most sensitive sonographic biometric parameter that correlates with IUGR detection:**

- a. CRL.**
- b. BPD.**
- c. AC.**
- d. FL.**

**Answer: C**

**22. Your patient states that she is comfortable at rest but begins to experience shortness of breath and chest pain during climbing one set of stairs. What New York Heart Association classification would you assign her:**

- a. I.**
- b. II.**
- c. III.**
- d. IV.**

**Answer: C**

**23. A 29-year-old woman in her first trimester presents with painless profuse vaginal bleeding. Her blood pressure is 130/90 mmHg. She has facial and hand edema. Pelvic examination reveals a 24-wk. sized uterus. Urine analysis reveals proteinuria. What is the most likely diagnosis:**

- a. Placenta previa.**
- b. Abruptio placentae.**
- c. Hydatidiform mole.**
- d. Normal pregnancy.**

**Answer: C**

**24. A nullipara has a normal first stage. At full cervical dilation, the head is at station 0 and the position is left occiput transverse. Two hours later, the station is between +2 and +3. She has had no anesthesia. Which of the following is correct:**

- a. There is a deep transverse arrest.**
- b. Descent is normal and no intervention is necessary.**
- c. The use of forceps or a vaccum is necessary if delivery does not occur within 30 min.**
- d. Descent is protracted.**

**Answer: B**

**25. In a nullipara, an arrest of dilatation occurs at 6 cm. The estimated fetal weight is 3000 g. The head is occiput posterior and -3 station, and it overrides the symphysis pubis. It is possible to feel considerable molding of the cranial bones. The midpelvis is funneled and the sidewalls are convergent. Contractions are occurring every 2-3 minutes and the fetal membranes are intact. The best approach would be:**

- a. Delivery by cesarean section.**
- b. Infusion of oxytocin.**
- c. Watchful waiting without any intervention.**
- d. Rupture of membranes.**

**Answer: A**

**26. What reversible complication can be seen when indomethacin is used as a tocolytic agent for a period longer than 24 to 48 hours:**

- a. Oligohydramnios.**
- b. Placental abruption.**
- c. Neonatal necrotizing enterocolitis.**
- d. Neonatal intraventricular hemorrhage.**

**Answer: A**

**27. A severely preeclamptic woman suddenly develops respiratory depression after the administration of hydralazine and magnesium sulfate. Respiratory depression is due to:**

- a. Pulmonary embolism.**
- b. Magnesium sulfate toxicity.**
- c. Impending eclampsia.**
- d. Hydralazine toxicity.**

**Answer: B**

**28. Which is the most appropriate management for an asymptomatic woman with 8-weeks of amenorrhea, a positive pregnancy test, and a string of a copper IUD visible at the cervix:**

- a. Observation.**
- b. IUD removal and D & C.**
- c. Penicillin and IUD removal.**
- d. Transvaginal U/S and IUD removal.**

**Answer: D**

**29. A 22-year-old G1P0 woman at 29 weeks' gestation is noted to have a diagnosis of HELLP syndrome. Which of the following findings is most likely to be present in this patient:**

- a. Seizures/convulsions.**
- b. Oliguria.**
- c. Low platelets.**
- d. Sub-capsular liver hematoma.**

**Answer: C**



**30. All pregnant women are advised to take folic acid supplements (0.4 mg, once daily) pre-pregnancy and antenatally. Nonetheless, in which of the following groups of women is a dietary supplementation using a higher dose of folic acid (5 mg, once daily) recommended:**

- a. BMI < 30.**
- b. History of spina bifida in partner's family.**
- c. Previous pre-eclampsia.**
- d. Previous preterm delivery.**

**Answer: B**

**31. A pregnant woman is seeking advice about the effects of smoking in pregnancy. Which of the following statements is correct in relation to pregnancy risks as a consequence of her smoking during pregnancy:**

- a. Decreased risk of abruption.**
- b. Increased risk of gestational diabetes.**
- c. Increased risk of pre-eclampsia.**
- d. Increased risk of sudden infant death syndrome.**

**Answer: D**

**32. A 19-year-old G2P1 woman at 15 weeks' gestation is noted to have a 9 cm adnexal mass. She complains of abdominal pain that is crampy in nature and associated with nausea and vomiting. Which of the following is the most likely diagnosis:**

- a. Abruptio placentae.**
- b. Chorioamnionitis.**
- c. Ovarian torsion.**
- d. Rupture of membranes.**

**Answer: C**

**33. A 27-year-old primigravida presented to the emergency department with pregnancy induced hypertension at 32 weeks of gestation. She had no other complications. On examination, she had a blood pressure of 150/100 mmHg. Her blood pressure was later controlled with treatment. If there are no complications, the pregnancy should be terminated at:**

- a. 40 completed weeks.**
- b. 37 completed weeks.**
- c. 36 completed weeks.**
- d. 34 completed weeks.**

**Answer: C**

**34. A 29-year-old, gravida 2, para 0, at 19 weeks by last menstrual period, presents to the emergency department complaining of heavy vaginal bleeding. She is hemodynamically stable. Physical examination reveals a fundal height of 28 cm, and bright red blood in her vagina, with a closed cervix. Quantitative beta hCG is 190.000 mIU/mL. Ultrasound reveals absence of fetal tissue, diffuse, hydropic villi, and bilaterally enlarged ovaries with multiple, large, theca lutein cysts. What is the preferred management of his condition:**

- a. Bilateral ovarian cystectomies, with ovarian fixation.**
- b. Dilatation and suction curettage, with concurrent bilateral ovarian cystectomies.**
- c. Total abdominal hysterectomy and bilateral salpingo-oophorectomy.**
- d. Dilatation and suction curettage, under ultrasound guidance.**

**Answer: D**

**35. A 29-year-old G2P1 woman with a history of previous myomectomy. She is pregnant at 39 weeks and presented to labor ward in the 2<sup>nd</sup> stage of labor. While pushing, she is noted to have fetal bradycardia with regression of fetal head from station +2 to station -3. What is the most likely diagnosis:**

- a. Placental abruption.**
- b. Uterine rupture.**
- c. Umbilical cord compression.**
- d. Shoulder dystocia.**

**Answer: B**

**36. The follicular phase of ovarian cycle is associated with:**

- a. Increasing amounts of E1.**
- b. Progesterone dominance.**
- c. Reduction in aromatase activity.**
- d. Proliferative endometrium.**

**Answer: D**

**37. The main cause of dysfunctional uterine bleeding is:**

- a. Endometrial hyperplasia.**
- b. Dysgerminoma.**
- c. Cervical polyps.**
- d. Endometritis.**

**Answer: A**

**38. Which of the following is the symptom that is reliably associated with prolapse and usually worsens as prolapse progresses:**

- a. Pelvic heaviness.**
- b. Anal incontinence.**
- c. Low backache.**
- d. Stress urinary incontinence.**

**Answer: A**

**39. Which of the following is the most biologically active naturally occurring estrogen:**

- a. Estriol.**

- b. Estrone.
- c. Estetrol.
- d. 17 beta-estradiol.

Answer: D

40. Which of the following is the endometrial layer that is shed with every menstrual cycle:

- a. Basalis layer.
- b. Decidual layer.
- c. Luteinized layer.
- d. Functional layer.

Answer: D

41. Which of the following best describes irregular, prolonged, and heavy menstrual bleeding:

- a. Menorrhagia.
- b. Metrorrhagia.
- c. Menometrorrhagia.
- d. Oligomenorrhea.

Answer: C

42. Primary dysmenorrhea:

- a. Characteristically starts at the age of menarche.
- b. Could be treated effectively with the combined pills.
- c. Could result from partial obstruction of a uterine horn in a bicornuate uterus.
- d. Could be effectively treated by dilatation of the cervix.

Answer: B

43. Ovarian dysgenesis is associated with elevation of the following hormone:

- a. FSH.
- b. Estriol.
- c. Pregnanediol.
- d. Progesterone.

Answer: A

44. Empty sella syndrome is characterized by:

- a. Secondary amenorrhea.
- b. Hypoprolactinemia.
- c. Hirsutism.
- d. Rudimentary ovaries.

Answer: A

45. Which of the following is the most common site of choriocarcinoma metastasis:

- a. Lungs.
- b. Brain.
- c. Spleen.
- d. Breast.

Answer: A

46. The most common presenting symptom of endometrial hyperplasia is:

- a. Vaginal discharge.

- b. Pelvic heaviness.
- c. Vaginal bleeding.
- d. Amenorrhea.

Answer: C

47. Besides infertility, luteal phase defect is most commonly associated with:

- a. Vaginal dryness.
- b. Early miscarriage.
- c. Mastalgia.
- d. Steak ovaries.

Answer: B

48. Of Mullerian defects, which has the LOWEST associated risk of recurrent miscarriage:

- a. Septate uterus.
- b. Arcuate uterus.
- c. Uterus didelphys.
- d. Unicornuate uterus.

Answer: B

49. To locate a non-palpable implanon implant, which of the following modalities is preferred:

- a. Sonography.
- b. Fluoroscopy.
- c. Radiography.
- d. CT scanning.

Answer: A

50. Which of the following is not an absolute contraindication of hormone replacement therapy:

- a. Undiagnosed vaginal bleeding.
- b. Active gallbladder disease.
- c. Coronary artery disease.
- d. Venous thrombosis.

Answer: B

51. Hyperinsulinemia leads to:

- a. Decreased sensitivity of ovarian theca cells to LH.
- b. Decreased LH induced androgen production by the ovaries.
- c. Decreased aromatase enzyme activity.
- d. Increased production of SHBG.

Answer: C

52. Which of the following is the LEAST likely required in the treatment of ovarian hyperstimulation syndrome:

- a. Fluid aspiration through cul de sac.
- b. Fluid resuscitation.
- c. Termination of pregnancy.
- d. Anticoagulants.

Answer: A

**53. Which of the following tumor markers is likely to be raised in association of endometrial sinus tumors:**

- a. Serum hCG.**
- b. Serum alpha fetoprotein.**
- c. Serum lactate dehydrogenase.**
- d. Serum inhibin.**

**Answer: B**

**54. Women seeking immediate fertility and who suffer from endometriosis would most likely benefit from which of the following treatment options:**

- a. Laparoscopic ablation of lesions.**
- b. Danazol.**
- c. Aromatase inhibitors.**
- d. Gonadotropin releasing hormone agonists.**

**Answer: A**

**55. Which of the following hormones is thought to play a major role in ovarian hyperstimulation syndrome:**

- a. Progesterone.**
- b. Luteinizing hormone.**
- c. Human chorionic gonadotropin.**
- d. Follicle-stimulating hormone.**

**Answer: C**

**56. In Turner's syndrome:**

- a. A chromosomal structure of 45 XY is characteristic.**
- b. Secondary amenorrhea is usual.**
- c. Ovaries are rudimentary.**
- d. The ovaries are multicystic.**

**Answer: C**

**57. A 13-year-old girl came to the casualty with acute lower abdominal pain. She had cyclical pain for the last 6 months. She has not yet attained her menarche. On examination, a tense bulge was seen in the region of the hymen. The most probable diagnosis is:**

- a. Mayer-Rokitansky-Kauster-Hauser syndrome.**
- b. Imperforate hymen.**
- c. Asherman's syndrome.**
- d. Congenital adrenal hyperplasia.**

**Answer: B**

**58. A 31-year-old G1P0 woman presents to your office at 32 weeks of gestation with an adnexal mass which is described on sonogram as having a complex echo pattern and calcified material. There is no free fluid and the mass is 5 cm. What is the most likely diagnosis:**

- a. Benign cystic teratoma.**
- b. Hemorrhagic corpus luteum cyst.**

- c. Ovarian hyperstimulation syndrome.
- d. Theca lutein cyst.

Answer: A

59. In the investigation of a 32 year old para 2, an incidental finding of a pelvic mass is made. Which of the following statements is the single best answer:

- a. Pregnancy needs to be excluded.
- b. CT scan is the imaging method of choice.
- c. Ovarian cancer is the most likely diagnosis.
- d. The diagnosis is unlikely to be fibroids as she is asymptomatic.

Answer: A

60. A 30-year-old G3P3 presents for contraceptive counseling. She denies any medical problems or sexually transmitted diseases. You counsel her on the risks and benefits of all contraceptive methods. Which of the following is the most suitable for this patient:

- a. Pills.
- b. Condom.
- c. Diaphragm.
- d. Intrauterine device.

Answer: D

61. A patient presents approximately 2 weeks after having a total vaginal hysterectomy with anterior colporrhaphy and Burch procedure for uterine prolapse and stress urinary incontinence. She complains of a constant loss of urine throughout the day. She denies any urgency or dysuria. Which of the following is the most likely explanation for this complaint:

- a. Failure of the procedure.
- b. Urinary tract infection.
- c. Detrusor instability.
- d. Vesico-vaginal fistula.

Answer: D

62. A previously healthy 21-year-old woman has a profuse malodorous vaginal discharge. Examination shows a greenish gray "frothy" discharge with a "fishy" odor and petechial lesions on the cervix. There is no cervical motion tenderness. Her temperature is 37.5°C. Blood pressure is 120/80 mmHg. Pulse is 60/min. Respiratory rate is 16/min. Microscopic evaluation of the discharge is most likely to show which of the following:

- a. Clue cells.
- b. Gram-positive diplococci.
- c. Motile, flagellated organisms.
- d. Pseudo-hyphae or hyphae.

Answer: C

63. A 58-year-old woman has presented complaining of an attack of postmenopausal bleeding for the past 2 weeks. The most essential investigation would be:

- a. Colposcopy.
- b. Cone biopsy.
- c. Dilatation & curettage.
- d. Hysteroscopy.

Answer: C

64. An 18-year-old woman consults you for a painful swelling of her left labium that has progressively worsened over the past 3 days. She has been treating the discomfort with analgesics and warm sitz baths. On examination, a 6 cm swollen, red, tender, tense cystic mass in the base of the left labium majus. What is the next step in the care of this patient:
- a. Excision of the mass.
  - b. Oral antibiotics.
  - c. IM or IV antibiotics.
  - d. Incision and drainage.

Answer: D

65. An 18-year-old woman with history of PID undergoes a laparoscopic ovarian cystectomy for a 5 cm ovarian mass containing a tooth. The contents of the cyst spill during removal and contain thick sebaceous material and hair. Copious irrigation was used to remove this material. She is noted to have marked bowel adhesions in the pelvis, which require dissection to reach the cyst. Four days postoperatively, she returns to ER with temp. 39°C, abdominal pain, nausea, vomiting. TLC 15000. What is the diagnosis:
- a. Chemical peritonitis.
  - b. Bowel perforation.
  - c. Ileus.
  - d. Narcotic induced constipation.

Answer: B

66. You require some basic investigations for a 16-year-old girl who has still not started menstruation. An ultrasound shows that the uterus is present and serum gonadotropin levels are elevated. Which is the most likely cause:
- a. Androgen insensitivity syndrome.
  - b. Mullerian agenesis.
  - c. Monosomy.
  - d. Genital outflow obstruction.

Answer: C

67. A 46-year-old woman, gravida 6, para 4, presents complaining of a 2-year history of heavy menstrual flow lasting 9 days, with occasional episodes of soaking her clothes and bed sheets with menstrual blood. She has a history of bilateral tubal ligation. Her menses are occurring every 26 days, and she denies any bleeding between menses. The rest of her history is unremarkable. The test most likely to aid in diagnosis would be:
- a. Pregnancy test.
  - b. TSH.
  - c. Endometrial biopsy.
  - d. Pelvic ultrasound.

Answer: D

**68. A 16-year-old girl presented with primary amenorrhea. Her examination showed a Tanner stage IV breast development and pubic and axillary hair are sparse i.e. Tanner stage I development. Ultrasound showed absent uterus and vaginoscopy showed a blind ended vagina. What is the most likely diagnosis:**

- a. Androgen insensitivity syndrome.**
- b. Mullerian agenesis.**
- c. Premature ovarian failure.**
- d. Transverse vaginal septum.**

**Answer: A**

**69. A 26-year-old woman with previous regular cycles presented with cessation of menstruation for 6 months. She is known to have hyperprolactinemia. Beta hCG was negative for pregnancy. Which of the following hormones should be also assessed:**

- a. Adrenocorticotrophic hormone (ACTH).**
- b. Dehydroepiandrosterone sulphate (DHEA-S).**
- c. Thyroid stimulating hormone (TSH).**
- d. Total testosterone.**

**Answer: C**

**70. A 21-year-old G0, with a history of irregular menses presents for her first gynecologic examination. Pelvic examination reveals fullness in the right adnexa. The examination is otherwise unremarkable. You obtain a transvaginal US which reveals a thin-walled 4-cm unilocular, clear fluid-appearing cystic structure in the right ovary. How would you manage this patient:**

- a. Send tumor markers.**
- b. Follow-up U/S in 3-6 months.**
- c. Drainage of the cyst via transvaginal approach.**
- d. Laparoscopy and cystectomy.**

**Answer: B**

---



## Second end of round exam – 2018

1. Progesterone is secreted by:

- a. Thymus.
- b. Thyroid.
- c. Testis.
- d. Corpus luteum.
- e. Supra-renal gland.

Answer: d

2. In Turner's syndrome, which is true:

- a. Genetically, it's 46, XO.
- b. Has testis in inguinal area.
- c. Usually presents with primary amenorrhea.
- d. Has low IQ.
- e. Usually tall.

Answer: c

3. The following are recognized causes of secondary amenorrhea except:

- a. Excessive weight loss.
- b. Vigorous exercise.
- c. Androgen insensitivity syndrome.
- d. Prolactin secreting adenoma.
- e. Pregnancy.

Answer: c

4. The normal vagina is richly colonized by bacterial flora mainly consisting of:

- a. Mycoplasma hominis.
- b. Gardnerella.
- c. Actinomyces viscosus.
- d. Chlamydia trachomatis.
- e. Lactobacillus.

Answer: e

5. Schiller's iodine when applied to the cervix will stain:

- a. A dysplastic area.
- b. A carcinoma.
- c. An erosion.
- d. Normal columnar epithelium.
- e. Mature squamous epithelium.

Answer: e

6. The following is true except:

- a. The urogenital sinus develops into the lower portion of vagina.
- b. The genital tubercle forms the upper portion of the vagina.

- c. The genital folds develop into the labia minora.
- d. The genital swellings develop into the labia majora.
- e. The genital ridge forms the ovary.

Answer: b

7. All the following are correct regarding prolactin, except:

- a. Is a polypeptide hormone.
- b. Is produced by posterior pituitary lactotrophs.
- c. Is produced by the endometrium.
- d. Is produced by the decidua.
- e. Can cause galactorrhea.

Answer: b

8. When a 30-year-old woman presents with a rapidly progressive hirsutism and virilization:

- a. Ovarian hilus cell tumor is a possible diagnosis.
- b. Ovarian granulosa theca cell tumor is a likely diagnosis.
- c. A tumor of the adrenal medulla is a possible cause.
- d. Excision of an androgen-producing ovarian tumor results in a rapid regression of hirsutism.
- e. PCOS is a possible diagnosis.

Answer: a

9. When do oogonia begin meiosis in the female:

- a. At puberty.
- b. Monthly during menstruation.
- c. At the age of 20.
- d. Towards the end of gestation of the female fetus.
- e. During the luteal phase of the cycle.

Answer: d

10. A 49-year-old woman complains of irregular menses over the past 6 months, feelings of inadequacy, vaginal dryness, difficulty sleeping, and episodes of warmth and sweating at night. On examination, her blood pressure is 120/68, heart rate 90 bpm, and temperature 36.8°C. Cardiac and lung examinations are unremarkable. Examination of the external genitalia does not reveal any masses. What is the most likely diagnosis:

- 1. Climacteric (perimenopausal state).
- 2. Endometrial carcinoma.
- 3. Vaginal dystrophy.
- 4. Hypothyroidism.
- 5. Hyperthyroidism.

Answer: a

11. What is your next diagnostic step:

- a. Serum FSH level.
- b. Serum LH level.
- c. AMH level.
- d. Ultrasound examination.
- e. Vaginal smear.

**Answer: a**

**12. An increased risk of osteoporosis is associated with:**

- a. Bromocriptine use.**
- b. Excess glucocorticoid usage.**
- c. Androgen excess in the female.**
- d. Early menarche.**
- e. Excessive protein intake.**

**Answer: b**

**13. The normal sequence of pubertal changes in the female is:**

- a. Thelarche, Pubarche, Maximal growth velocity, Menarche.**
- b. Maximal growth velocity, Pubarche, Thelarche, Menarche.**
- c. Thelarche, Menarche, Pubarche, Maximal growth velocity.**
- d. Menarche, Maximal growth velocity, Thelarche, Pubarche.**
- e. Menarche, Body weight, Pubarche, Thelarche.**

**Answer: a**

**14. Examination of endometrial tissue obtained from a biopsy reveals simple columnar epithelium with no subnuclear vacuoles. The stroma is edematous & tortuous glands contain secretions. These findings are consistent with:**

- a. Mid proliferative phase.**
- b. Late proliferative phase.**
- c. Early secretory phase.**
- d. Mid secretory phase.**
- e. Non ovulatory cycle.**

**Answer: d**

**15. A patient is found to have bilaterally equal adnexal pain, cervical motion tenderness, direct abdominal tenderness, temperature 38.3°C, and WBCs 12.000/ml. Which of the following is the most likely diagnosis:**

- a. Ectopic pregnancy.**
- b. PID.**
- c. Endometritis.**
- d. UTI.**
- e. Ruptured corpus luteum of the ovary.**

**Answer: b**

**16. Certain oncogenic factors are associated with the development of cervical intraepithelial neoplasia:**

- a. Chlamydia.**
- b. Genital herpes.**
- c. Syphilis.**
- d. Human papilloma virus.**
- e. Gonorrhea.**

**Answer: d**

**17. The terminology of PID indicates:**

- a. Infection of the vagina.**
- b. Infection of Bartholin glands.**
- c. Infection of Skene glands.**
- d. Infection of the urinary bladder.**
- e. Endometritis and salpingo-oophoritis.**

**Answer: e**

**18. Azoospermia is defined as:**

- a. Absent sperm count.**
- b. Low sperm count.**
- c. Abnormal sperm morphology.**
- d. Absent semen deposition.**
- e. None of the above.**

**Answer: a**

**19. Hypothyroidism can affect fertility by causing:**

- a. Blocked fallopian tubes.**
- b. Anti-sperm antibodies.**
- c. Thick cervical mucus.**
- d. Ovulation problems.**
- e. Endometriosis.**

**Answer: d**

**20. Injection of one sperm into the ooplasm is called:**

- a. IUI.**
- b. ICSI.**
- c. IVF.**
- d. TESA.**
- e. None of the above.**

**Answer: b**

**21. A 26-year-old lady came complaining of primary infertility for 1 year. She has irregular cycles, BMI 35, mild hirsutism and normal hysteroqram and semen analysis. The next best management to help her get pregnant is:**

- a. Perform laparoscopic ovarian drilling.**
- b. Give steroids and oral contraception to regulate her cycle.**
- c. Prescribe spironolactone for hirsutism.**
- d. Weight reduction and start induction of ovulation.**
- e. Wait for another year for spontaneous pregnancy to occur.**

**Answer: d**

**22. A 30-year-old lady presented to you with 3 years primary infertility. She did a recent hysteroqram and showed bilateral proximal tubal block. What is the best management for her:**

- a. Perform laparoscopy and hysteroscopy to confirm tubal block.**
- b. Start induction of ovulation after performing semen analysis.**

- c. Repeat hystrogram to confirm diagnosis of tubal block.
- d. Offer her IUI.
- e. Prepare for ICSI.

Answer: a

23. A 33-year-old patient with high FSH and LH levels and low anti-Mullerian hormone (AMH) probably suffers from:

- a. PCOS.
- b. Endometriosis.
- c. Premature ovarian insufficiency.
- d. Hypogonadotropic hypogonadism.
- e. Sheehan syndrome.

Answer: c

24. Compared with clomiphene citrate, human menopausal gonadotropin (HMG) have:

- a. Lower incidence of twin pregnancy.
- b. Lower incidence of ectopic pregnancy.
- c. Lower cost.
- d. Higher incidence of ovarian hyper-stimulation syndrome (OHSS).
- e. Higher incidence of abortion.

Answer: d

25. A 22-year-old woman presents to her doctor for advice regarding the most appropriate postnatal contraception. She had an uncomplicated vaginal delivery at 40 weeks gestation 3 weeks prior. She is bottle feeding her baby. She and her husband are keen to space out pregnancy by 1-2 years and wishing a reliable method of contraception. She has a history of irregular menstrual cycles and polycystic ovarian syndrome. Select the SINGLE most appropriate contraceptive option:

- a. Combined oral contraceptive pill.
- b. Copper intrauterine device.
- c. Levonorgestrel-releasing intrauterine system (Mirena).
- d. Progestogen only pill.
- e. Progestogen only injectable.

Answer: a

26. A 36 year old woman attends the family planning clinic as she wants to use combined oral contraceptive pills (COCP) for the next 3 years and she is asking about the risks of thromboembolism. When does she have the highest risk of venous thromboembolism:

- a. After 5 years of use.
- b. After 4 years of use.
- c. After 3 years of use.
- d. In the 2<sup>nd</sup> year of use.
- e. In the 1<sup>st</sup> year of use.

Answer: e

**27. The location of the cervical squamo-columnar junction (SCJ) varies with age and hormonal status. The SCJ tends to move outward onto the ectocervix with which of the following conditions:**

- a. Menopause.**
- b. Pregnancy.**
- c. Puberty.**
- d. Prolonged lactation.**
- e. Use of progestin-only contraceptive.**

**Answer: b**

**28. Your patient is a 30-year-old with a pap test result of high grade squamous intraepithelial lesion (HSIL). Subsequent colposcopy is unsatisfactory due to incomplete visualization of the squamocolumnar junction. Cervical biopsy confirms a CIN 3 lesion. There is also histologic CIN 2 present in the endocervical curettage specimen. Which of the following is the most appropriate procedure for further diagnosis and/or treatment:**

- a. Cryosurgery.**
- b. Hysterectomy.**
- c. Loop excision.**
- d. Laser ablation.**

**Answer: c**

**29. The internal pudendal artery is a branch of:**

- a. Femoral artery.**
- b. External iliac artery.**
- c. Internal iliac artery.**
- d. Common iliac artery.**
- e. Superficial pudendal artery.**

**Answer: c**

**30. The most common symptom of cervicitis is:**

- a. Pruritus.**
- b. Pain.**
- c. Burning.**
- d. Leucorrhea.**
- e. Bleeding.**

**Answer: d**

**31. The hCG injection during the IVF treatment cycle causes:**

- a. The initial stage of oocyte maturation.**
- b. The final stage of oocyte maturation.**
- c. Fertilization of oocytes.**
- d. Division of oocytes.**
- e. None of the above.**

**Answer: b**

**32. Normal fertilization takes place in:**

- a. Uterine cavity.
- b. Cervix.
- c. Vagina.
- d. Fallopian tubes.
- e. None of the above.

Answer: d

**33. The cut-off size for excision of ovarian endometriomas is:**

- a. 1 cm.
- b. 2 cm.
- c. 4 cm.
- d. 8 cm.
- e. 10 cm.

Answer: a

**34. The commonest cause of stress incontinence is:**

- a. Constipation.
- b. Raised intra-abdominal pressure.
- c. Congenital weakness of sphincter.
- d. Childbirth trauma.
- e. Estrogen deficiency.

Answer: d

**35. Prolapse after menopause is attributed to the deficiency of which hormone:**

- a. Estrogen.
- b. Progesterone.
- c. Testosterone.
- d. Cortisone.
- e. Prolactin.

Answer: a

**36. The aim of PV examination in accidental hemorrhage is:**

- a. To diagnose low lying placenta.
- b. To exclude cervical polyps or cancer.
- c. To exclude contracted pelvis.
- d. To detect the color of bleeding.
- e. To rupture the amniotic membrane and induce labor.

Answer: c

**37. A patient presents with a missed period 7 weeks and vaginal spotting. US shows a single fetus with positive pulsations. PV examination shows a closed cervix. Appropriate management of this case is:**

- a. Admit to hospital to follow the case.
- b. Bed rest at home, prohibit intercourse & administer a progestin.
- c. Bed rest at home, prohibit intercourse & administer a progesterone.
- d. Bed rest at home and administer a tocolytic.
- e. Repeat US and pregnancy test after 2 days.

Answer: c

**38. Antepartum hemorrhage is defined as:**

- a. A gush of blood before 20 weeks of gestation.**
- b. A gush of blood after the 1<sup>st</sup> stage of labor.**
- c. Vaginal bleeding after the 20<sup>th</sup> week of gestation.**
- d. Vaginal bleeding at any time during pregnancy.**
- e. None of the above.**

**Answer: c**

**39. All the following regarding placenta previa grade 2 is correct except:**

- a. It is called marginal placenta.**
- b. Its anterior variety is more dangerous than the posterior.**
- c. It reaches the margin of the internal os but does not cover it.**
- d. It can cause fetal asphyxia during labor.**
- e. It delays engagement of the head.**

**Answer: b**

**40. The most accurate diagnosis of a healthy pregnancy is:**

- a. Positive hCG blood test.**
- b. Positive hCG urine test.**
- c. Detection of fetal shadow by US.**
- d. Detection of fetal heart pulsations by US.**
- e. Detection of yolk sac by US.**

**Answer: d**

**41. Screening and diagnosis of Down syndrome does not include:**

- a. Serum triple markers in the 1<sup>st</sup> trimester.**
- b. Nuchal translucency at 11-13 weeks.**
- c. US soft markers in the 2<sup>nd</sup> trimester.**
- d. Chorionic villous sampling at 14-16 weeks.**
- e. Amniocentesis at 14-16 weeks.**

**Answer: a**

**42. A primigravida aged 26 is admitted with threatened preterm labor at 30 weeks and seeks counseling with regards to antenatal corticosteroids. What are the 3 recognized fetal benefits associated with antenatal corticosteroid administration in the case of premature delivery:**

- a. Reduced respiratory distress syndrome, incidence of hypoglycemia and neonatal death rates.**
- b. Reduced respiratory distress syndrome, VII nerve damage and hypoglycemia.**
- c. Reduced respiratory distress syndrome, reduced pneumothorax formation and retinal disease of prematurity.**
- d. Reduced respiratory distress syndrome, intraventricular hemorrhage and neonatal death rates.**
- e. Reduced respiratory distress syndrome, intraventricular hemorrhage and necrotizing enterocolitis rates.**

**Answer: e**



**43. A woman who had a previous second trimester miscarriage is currently undergoing a serial ultrasound assessment of cervical length. What is the cervical length that necessitate cervical cerclage:**

- a. Cervical length less than 25 mm before 24 weeks of gestation.**
- b. Cervical length less than 30 mm before 24 weeks of gestation.**
- c. Cervical length less than 45 mm before 24 weeks of gestation.**
- d. Cervical length less than 25 mm at 34 weeks of gestation.**
- e. Cervical length less than 35 mm before 24 weeks of gestation.**

**Answer: a**

**44. A 34 year old primigravida presents to the maternity unit with a second episode of decreased fetal movements at 34 + 4 weeks of gestation. She is known to be low risk and has had an otherwise uneventful pregnancy. What is the most appropriate management option:**

- a. Advise formal kick counting and review in two days.**
- b. Arrange a biophysical profile and, if normal terminate.**
- c. Offer two doses of betamethasone 12 hours apart and deliver within 48 hours.**
- d. Immediate termination.**
- e. Perform a CTG and, if normal, reassure.**

**Answer: e**

**45. In a vertex presentation, if the sagittal suture is transverse or oblique but closer to the symphysis than the promontory, a specific condition exists. What is it called:**

- a. Posterior asynclitism.**
- b. Internal rotation.**
- c. Anterior asynclitism.**
- d. Extension.**
- e. Restitution.**

**Answer: c**

**46. A 31-year-old G2P1 woman at 39 weeks gestation complains of painful uterine contractions that are occurring every 3 to 4 minutes. Her cervix has changed from 1 cm to 2 cm dilation over 3 hours and station changed from -2 to 0. Which one of the following management plans is most appropriate:**

- a. Cesarean delivery.**
- b. Intravenous methergine.**
- c. Monitoring of uterine contractions and descent using partogram.**
- d. Gonadotropin administration.**
- e. Fetal pH monitoring.**

**Answer: c**

**47. A 24-year-old G2P1 woman at 39 weeks gestation presents with painful uterine contractions. She also complains of dark vaginal blood mixed with some mucus. Her examination is normal, the FHS are normal. Her abdominal ultrasound shows no abnormality. Which of the following is the most likely etiology of her bleeding:**

- a. Placenta previa.**
- b. Placental abruption.**
- c. Bloody show.**
- d. Vasa previa.**
- e. Cervical lacerations.**

**Answer: c**

**48. A 26-year-old G2P1 presents for a routine visit at 32 weeks gestation. She is worried because her fetus was breech during her most recent sonographic examination. Which of the following is correct during your counseling for external cephalic version:**

- a. The success rate is 80%.**
- b. It can be performed when she presents in labor.**
- c. It is best performed at 36 weeks gestation.**
- d. Amniotic fluid volume is unrelated to success rate.**
- e. Fetal size is unrelated to success rate.**

**Answer: c**

**49. Factors that favor long anterior rotation in occipito-posterior malposition include all except:**

- a. Epidural anesthesia.**
- b. Strong uterine contractions.**
- c. Adequate liquor.**
- d. Strong pelvic floor.**
- e. Adequate pelvis.**

**Answer: a**

**50. Management of primary postpartum hemorrhage includes all except:**

- a. Correction of general condition.**
- b. Bimanual compression.**
- c. Hysterectomy with removal of both ovaries.**
- d. Ligation of internal iliac artery.**
- e. Subtotal hysterectomy.**

**Answer: c**

**51. Gravida 3 delivered vaginally and 10 units of oxytocin was given IV after delivery of the baby and she had a continuous moderate bleeding although the uterus is contracted. What is the most likely cause:**

- a. Cervical and perineal lacerations.**
- b. Placental abruption.**
- c. Uterine atony.**
- d. Cervical polyp.**
- e. Rupture uterus.**

**Answer: a**

**52. What is the most important vital sign in patients with obstetrical hemorrhage:**

- a. Pulse.**
- b. Urine output.**
- c. Oxygen saturation.**
- d. Hematocrit value.**
- e. Pallor.**

**Answer: a**

**53. G4 delivered with an outlet forceps and one hour after her delivery on her local examination, an 8 x 5 cm expanding bluish tense painful mass was found on the right labia majora. What is the most appropriate management of this patient:**

- a. Vaginal pack.**
- b. Incision and drainage and ligating the bleeding vessel.**
- c. Exploratory laparotomy.**
- d. Vaginal exploration.**
- e. Analgesia.**

**Answer: b**

**54. A patient sustained a laceration of the perineum during delivery. It involved the muscles of the perineal body but not the anal sphincter. Such a laceration would be classified as:**

- a. First degree.**
- b. Second degree.**
- c. Third degree.**
- d. Fourth degree.**
- e. Fifth degree.**

**Answer: b**

**55. Which of the following is true about antepartum fetal surveillance:**

- a. It should be done before 20 weeks' gestation.**
- b. It detects fetuses at risk secondary to uteroplacental insufficiency.**
- c. Ultrasound is not part of the antepartum fetal surveillance.**
- d. Fetal scalp blood sampling is one of the antepartum fetal surveillance tests.**
- e. Daily fetal movement count should be > 30 movements per 10-12 hours.**

**Answer: b**

**56. Primipara 34 weeks of gestation with no medical problems, her blood pressure was 130/80 and her biophysical profile was 8/8 in her last antenatal visit. Two weeks later, her daily fetal movement count is decreased below 10 per 12 hours. What will be your further step of management:**

- a. Immediate termination of pregnancy is indicated.**
- b. Amniocentesis is indicated.**
- c. Fetal scalp blood sampling is indicated.**
- d. Non stress test is indicated.**
- e. Vaginal culture and sensitivity.**

**Answer: d**

**57. All the following methods inhibit lactation except:**

- a. Restriction of fluids and diuretics.
- b. Tight breast binder and analgesics.
- c. Estrogen hormone in large dose.
- d. Thyroxin hormone.
- e. Dopamine agonist.

**Answer: d**

**58. Immediate therapy for infants with suspected meconium should routinely include:**

- a. Corticosteroids.
- b. Antibiotics.
- c. Sodium bicarbonate.
- d. Clearing the airway.
- e. Surfactant.

**Answer: d**

**59. Concerning Bishop score, all are correct except:**

- a. Used to assess the favorability of the cervix before induction of labor.
- b. A total score of < 5 indicates favorability for labor after induction.
- c. Firm consistency takes the score of zero.
- d. It takes account of cervical dilation.
- e. An unfavorable cervix increases the chances of cesarean section.

**Answer: b**

**60. Pre-requisites for trial of vaginal birth after cesarean section include all except:**

- a. Non persistent cause of the previous CS.
- b. Previous normal puerperium.
- c. No associated other obstetric complications.
- d. No more than one previous LSCS.
- e. Engaged head.

**Answer: e**

**61. Which of the following is contraindicated in pregnancy with pre-eclampsia:**

- a. Nifedipine.
- b. Angiotensin converting enzyme inhibitor.
- c. Labetalol.
- d. Hydralazine.
- e. Methyldopa.

**Answer: b**

**62. A patient 32 years old G3P3 is admitted to the labor ward with a confirmed diagnosis of missed miscarriage. The estimated age of her gestation is 14 weeks; as determined by the date of her last menstrual period. All her previous deliveries were uneventful normal vaginal deliveries in hospitals. She is in good general condition. Her pelvic examination reveals that the cervix is closed, formed and soft in consistency. The most appropriate initial method of induction of abortion for this patient among the following list is:**

- a. Uterine massage under epidural analgesia.**
- b. Cervical dilation using surgical dilators followed by forceps extraction.**
- c. Abdominal hysterotomy under general anesthesia.**
- d. Oral and/or vaginal prostaglandin E2 in repeated doses.**
- e. Dilation and evacuation (D & C) under general anesthesia.**

**Answer: d**

**63. Expectant management for placenta previa is indicated in:**

- a. Any patient regardless the gestational age.**
- b. When the fetus is dead.**
- c. A patient with premature fetus regardless the severity of bleeding.**
- d. To improve the general condition of the patient.**
- e. To prolong gestational age to avoid respiratory distress syndrome.**

**Answer: e**

**64. All the following differentiate upper from lower uterine segments except:**

- a. Lower uterine segment is passive during labor.**
- b. Upper uterine segment has three muscle layers.**
- c. Upper uterine segment is covered by loose peritoneum.**
- d. Lower uterine segment has no oblique muscle layer.**
- e. Membranes are firmly attached to upper uterine segment.**

**Answer: c**

**65. The correct order of events is:**

- a. Blastocyst formation, fertilization, implantation, trophoblastic invasion.**
- b. Fertilization, blastocyst formation, implantation, trophoblastic invasion.**
- c. Fertilization, implantation, blastocyst formation, trophoblastic invasion.**
- d. Fertilization, implantation, trophoblastic invasion, blastocyst formation.**
- e. Trophoblastic invasion, fertilization, blastocyst formation, implantation.**

**Answer: b**

**66. All are true regarding metabolism in pregnancy except:**

- a. Increased insulin requirements.**
- b. Increased calcium requirements.**
- c. Weight gain occurs maximally in the 2<sup>nd</sup> trimester.**
- d. Retention of salt and water.**
- e. Increased blood lipids.**

**Answer: c**

**67. With complete vesicular mole, all are true except:**

- a. There is excessive proliferation of the trophoblast.**
- b. There is fertilization of the ovum by a single sperm.**
- c. The potential for malignant transformation of the trophoblast is very low.**
- d. Chorionic villi undergo hydropic degeneration.**
- e. Membranes are absent.**

**Answer: b**

**68. Regarding management of ectopic pregnancy, all are true except:**

- a. Laparoscopic management is allowed only to vitally-stable cases.**
- b. Salpingectomy maybe performed through either laparotomy or laparoscopy.**
- c. Methotrexate can be used for some cases of undisturbed ectopic pregnancy.**
- d. Preservation of the affected tube has a risk of recurrence of ectopic of 100%.**
- e. Anti-D is required for Rh negative cases.**

**Answer: d**

**69. All pregnant women are advised to take folic acid supplements (0.4 mg daily). A dietary supplementation using a higher dose of folic acid (5 mg once daily) is recommended in cases of:**

- a. BMI < 30.**
- b. Previous history of spina bifida.**
- c. Impaired glucose tolerance.**
- d. Previous pre-eclampsia.**
- e. Previous preterm delivery.**

**Answer: b**

**70. The most common complication of breastfeeding is:**

- a. Amenorrhea.**
- b. Pregnancy.**
- c. Excessive weight loss.**
- d. Puerperal mastitis.**
- e. Breast abscess.**

**Answer: d**

---

## Final exam – June 2018

1. A 20 year old woman Gravida 2 para 1 presenting to your office at 28 weeks pregnancy for routine antenatal care. The first delivery was normal vaginal one at 39 weeks gestation with no complications.

All of the following is appropriate as a part of the antenatal care EXCEPT

- a. Measles, mumps, rubella vaccine
- b. 50 g glucose tolerance test
- c. CBC
- d. Hepatitis screening

Answer: a

2. A 38 year old women Gravida 1 para 0 presents for the preconception care. Her history include obesity with BMI of 42 and smoking. Her obstetric history includes the elective termination for anencephalic fetus. She desires conception.

Your recommendation would include the following EXCEPT

- a. Supplement diet with high dose folic acid
- b. Start diet program to reduce the weight
- c. Obtain an optimal glycemic control before pregnancy to reduce the risk of congenital malformation
- d. Stop smoking
- e. Hemoglobin electrophoresis to screen for thalathemia

Answer: e

3. **Primi Gravida with mitral stenosis, a fully dilated cervix for one hour, head station +1 with occipito-anterior can be safely delivered by:**

- a. Cesarean section
- b. Forceps delivery
- c. Vacuum extraction
- d. Internal podalic version then breech extraction
- e. Expectant management

Answer: b

4. Primigravida, 24 years-old, in labor for 16 hours and the cervix is arrested at 9 cm for 3 hours, position ROP, station 0 and molded. There are fetal late decelerations over the last 30 minutes.

Delivery is Best by:

- a. Forceps rotation and then traction
- b. Ventouse (vacuum) extraction
- c. Craniotomy then forceps
- d. Lower segment cesarean section (LSCS)
- e. Upper segment cesarean section (USCS)

Answer: d?

5. The association of diabetes in pregnancy increases the risk for the following clinical conditions EXCEPT:

- a. Cesarean section
- b. Malpresentation
- c. Congenital malformations
- d. Unexplained stillbirths
- e. Twin pregnancy

Answer: e

6. Polyhydramnios may be associated with the following EXCEPT:

- a. Diabetes mellitus
- b. Esophageal atresia
- c. Intrauterine infection
- d. Twin to twin transfusion
- e. Placental insufficiency

Answer: e

7. A 27 year old married woman, gravida 3, para 2 has missed period and positive pregnancy test despite that she is using IUCD for birth control. Her LMP was 6 weeks ago. She feels mild pain and discomfort in the lower part of her abdomen. Serum Beta HCG level is 2240 IU/ml.

What is the next step in this case?

- a. Expectant management
- b. Stat methotrexate
- c. Laparoscopy
- d. Remove the IUD
- e. Transvaginal pelvic sonography

Answer: e

8. A 25-year old woman, G1P1 recently delivered 4 days ago by cesarean section. She has been ambulant few hours after surgery and tolerated food very well. She noticed that her temperature is elevated to 38.5 C.

All of the following is essential to confirm the etiology of her pyrexia EXCEPT

- a. Urine analysis
- b. Pelvic and abdominal ultrasound
- c. Breast examination
- d. MRI
- e. Examination of lower limbs

Answer: d

9. A 39 years old primigravida 30 weeks gestation came to the antenatal clinic. She complains of mild vaginal bleeding that was painless but recurrent since last week. The bleeding is mild and not related to intercourse. She feels good fetal kicking. Her BP on initial assessment was 120/80 and pulse of 82 and weight 78 Kg. her CBC was normal along with the liver and kidney function test. The random blood sugar was normal.

What is the next step in the management of this case?

- a. Send her home, and reassurance
- b. Perform a sterile digital exam
- c. Perform an amniocentesis to rule out infection



- d. Perform a sterile speculum exam
- e. Perform an abdominal ultrasound

Answer: e

10. What is the most likely diagnosis?

- a. Cervical polyp
- b. Preterm labor
- c. Placental abruption
- d. Placenta previa
- e. Submucous uterine fibroid

Answer: d

11. What is the appropriate next step in the management of this patient?

- a. Conservative management
- b. Immediate termination by rupture of membrane
- c. Immediate delivery by Cesarean section
- d. Initiate blood transfusion
- e. Immediate induction of labor by oxytocin infusion

Answer: a

12. A 35-years woman, 3<sup>rd</sup> gravida, 36 weeks gestation attended the antenatal care clinic, complaining of headache. Her previous deliveries were by CS. She has 2. She reports hypertension during the previous pregnancies and she was treated and delivered at 37 completed weeks by Cesarean section. The neonatal weights for the newborn in the previous pregnancies were 2.2 and 2.3 Kg respectively. She claims that the fetal movement are somewhat reduced. Her blood pressure is 150/190 mmHg.

Which of the following investigation/s must be done?

- a. Abdominal Ultrasound
- b. Liver and kidney functions tests
- c. Doppler study for evaluation of the placental and fetal blood flow
- d. Fetal movement chart
- e. All of the above

Answer: e

13. What is the appropriate method for termination of this pregnancy?

- a. Cesarean section
- b. Waiting for the spontaneous onset of labor
- c. Induction by prostaglandin
- d. Forceps delivery to shorten the second stage of labor
- e. Induction by rupture of membrane and Oxytocin infusion.

Answer: a

**14. A missed abortion on ultrasound examination may include all of the following finding EXCEPT**

- a. Gestational sac size less than the period of amenorrhea
- b. Absent fetal heart pulsations
- c. Sub-chorionic hemorrhage
- d. CRL less than the duration of amenorrhea
- e. Amniotic fluid index less than 7

Answer: a

*"Gestational sac is evaluated by its contents rather than its size; i.e. has yolk sac appeared? are there cardiac pulsations?"*

**15. Breech presentation in a primi para at term in labor is treated by:**

- a. External version
- b. Internal version and extraction
- c. Cesarean delivery
- d. Oxytocin induction
- e. Internal podalic version and breech extraction

Answer: a

**16. The following ultrasonographic parameters are used in assessing fetal weight EXCEPT**

- a. Biparietal diameter
- b. Head circumference
- c. Amniotic fluid index
- d. Femur length
- e. Abdominal circumference

Answer: c

**17. The maximum normal time for the second stage labor in a primigravida is:**

- a. 20 minutes
- b. 60 minutes
- c. 120 minutes
- d. 180 minutes
- e. 240 minutes

Answer: c

**18. Obstetric ultrasound is useful for diagnosis of the following clinical conditions EXCEPT**

- a. Twin gestation
- b. Small for date fetus
- c. Oligohydramnios
- d. Accidental hemorrhage
- e. Puerperal sepsis

Answer: e

**19. The fetal biophysical profile on ultrasound includes the following parameters EXCEPT**

- a. Fetal movements**
- b. Fetal tone**
- c. Fetal weight**
- d. Fetal breathing movement**
- e. Amniotic fluid volume**

**Answer: c**

**20. A 21-year old primi gravida woman at 39 weeks' gestation came to the labor ward with painful contractions every three minutes. Examination showed that her cervix is 3 centimeters dilated and 60% effaced the heart rate tracing is in the range of 150/minute and reactive. Five hours later cervical examination revealed cervical dilation 6 centimeters and fetal head is at -1 station. The fetal heart rate tracing showed late decelerations with each contraction and decreased variability.**

**Which of the following is the most appropriate next step in management?**

- a. Expectant management**
- b. Episiotomy**
- c. Forceps-assisted vaginal delivery**
- d. Vacuum-assisted vaginal delivery**
- e. Cesarean delivery**

**Answer: e**

**21. The fetus immediately after delivery may have:**

- a. Lowered glucose level**
- b. Low PH**
- c. Jaundice**
- d. Cephalhematoma**
- e. Erb's palsy**

**Answer: b**

**22. A 19-year old primigravida is expecting her first child; she is 12 weeks pregnant by dates. She has vaginal bleeding and an enlarged-for-dates uterus. In addition, no fetal heart sounds are heard. The ultrasound shows no fetus and no placenta but snow storm appearance.**

**What is the most likely diagnosis of this woman's condition?**

- a. Sarcoma botryoides**
- b. Missed abortion**
- c. Submucous fibroids**
- d. Hydatidiform mole**
- e. Normal pregnancy**

**Answer: d**

**23. What is the appropriate management of this case?**

- a. Abdominal hystrotomy**
- b. Abdominal total hysterectomy**
- c. Dilatation and curettage**
- d. Suction evacuation**
- e. Exploratory laparotomy**

**Answer: d**

**24. A 27 years old primigravida, pregnant 24 weeks, attended our antenatal care clinic, complaining of tiredness, shortness of breath, orthopnea, had to put 2 pillows to sleep. She had no history of chest disease, and her pregnancy was not complicated, but she had history of recurrent rheumatic fever & was on long acting penicillin, stopped it 5 years before pregnancy. Which of the following investigation must be done?**

- a. Chest X-ray**
- b. Echo examination of the heart**
- c. Serum sodium assay**
- d. EEG**
- e. Abdominal ultrasound**

**Answer: b**

**25. A 36-year old woman with five children and a history of previous short labors delivered her baby 10 min ago. She had been in labor on this occasion for 12 h after spontaneous onset. She continues to bleed heavily.**

**What is/are the risk factor ( factors) for postpartum hemorrhage in this case?**

- a. The age being above 35**
- b. Spontaneous onset of labor**
- c. Prolonged labor**
- d. Multiparity**
- e. a, c and d**

**Answer: e**

**26. The next step in the management should be:**

- a. Immediate hysterectomy**
- b. Antishock measures**
- c. Bimanual compression of the uterus**
- d. Bilateral ligation of internal iliac arteries**
- e. Selective embolization of the uterine arteries**

**Answer: b**

**27. Oligohydramnios is diagnosed when the amniotic fluid index is:**

- a. Less than 5 cm**
- b. Less than 10 cm**
- c. Less than 15 cm**
- d. Less than 20 cm**
- e. Less than 25 cm**

**Answer: a**

**28. Ultrasound is most useful during pregnancy for the diagnosis of the following EXCEPT**

- a. Placental previa**
- b. Accidental hemorrhage**
- c. Fetal height**
- d. Fetal weight**
- e. Twin gestation**

**Answer: c**

**29. Clinical studies include the following types EXCEPT**

- a. Descriptive**
- b. Analytical**
- c. Progressive**
- d. Retrospective**
- e. Prospective**

**Answer: c**

**30. Symmetrical IUGR occurs in the following conditions EXCEPT**

- a. Congenital anomalies of the baby**
- b. Osteogenesis imperfect**
- c. Trisomies 21, 18 and 13**
- d. Pre-eclampsia**
- e. Fetal infections e.g. rubella. CMV and syphilis**

**Answer: d**

**31. A 20 year old G2 at 6 weeks gestation complains of some vaginal spotting. No gestational sac and no adnexal masses are seen by TV ultrasound. B-HCG is 1500 mIU/ml. The best management is:**

- a. Laparoscopy**
- b. Hysteroscopy**
- c. Follow up HCG after 48hrs**
- d. Dilatation and curettage**
- e. Expectant management**

**Answer: a**

**32. A viable pregnancy on ultrasound examination include all of the following EXCEPT**

- a. Gestational sac size corresponding to the period of amenorrhea**
- b. Positive fetal heart pulsations**
- c. Positive fetal chest movement**
- d. Fetal limb movement**
- e. Fetal breathing movement**

**Answer: a**

**33. The diagnosis of molar pregnancy rests on the following criteria EXCEPT**

- a. Snow storm appearance on ultrasound**
- b. Very high B-HCG**
- c. High temperature**
- d. Hyperemesis gravidarum**
- e. Ovarian cysts on ultrasound**

Answer: c

**34. A 28 year old married female presenting to the emergency room with repeated vomiting and amenorrhea of 2 months duration. The following clinical conditions are possible association EXCEPT**

- a. Twin pregnancy
- b. Vesicular mole
- c. Missed abortion
- d. Hyperemesis gravidarum
- e. Diabetes

Answer: c

*"Why not e? DKA is common in pregnancy".*

**35. Administration of pethidine injections less than two hours before delivery may be complicated with:**

- a. Neonatal jaundice
- b. Motor block with weakness of lower limbs
- c. Neonatal respiratory depression
- d. Postpartum hemorrhage
- e. Inborn error of metabolism

Answer: c

**36. Regional analgesia for pain relief during labor and delivery includes all of the following EXCEPT**

- a. Epidural analgesia
- b. Para-cervical block
- c. Pethidine administration
- d. Local infiltration anesthesia
- e. Pudendal nerve block

Answer: c

**37. Indications of induction of labor may include all the following EXCEPT**

- a. Maternal diabetes mellitus
- b. Eclampsia
- c. Prelabor rupture of membrane
- d. Placenta previa incomplete centralis
- e. Post date pregnancy

Answer: d

**38. Concerning the Bishop score, all the following are correct EXCEPT**

- a. Used to assess the favorability of the cervix before induction of labor
- b. A total score of < 5 indicates favorability of labor induction
- c. Firm consistency takes the score of zero
- d. It takes account of cervical dilatation
- e. An unfavorable cervix increases the chances for Cesarean section

Answer: b

**39. Methods of induction of labor includes all the following EXCEPT**

- a. Prostaglandin vaginal tablets**
- b. Oxytocin drip**
- c. Amniotomy**
- d. Oral anti-progesterone**
- e. Amniotomy followed by oxytocin drip**

**Answer: d**

**40. Complications of surgical vaginal evacuation includes all of the following EXCEPT**

- a. Introduction of infection**
- b. Uterine perforation**
- c. Asherman syndrome**
- d. Hyperactive uterine action**
- e. Cervical lacerations**

**Answer: d**

**41. A 25 yrs old PG at 34wks gestation is thought to be small for dates by her physician and is sent for evaluation. U/S show BPD appropriate for 30wks gestation, AC appropriate for 26wks gestation. EFW is < 10<sup>th</sup> percentile for age. Amniotic fluid is decreased. What is the most likely diagnosis?**

- a. Symmetrical IUGR**
- b. Asymmetrical IUGR**
- c. Congenital anomaly**
- d. Congenital anomaly**
- e. Unknown gestational age**

**Answer: b**

**42. A patient 32 years old G3P3 is admitted to the labor ward with a confirmed diagnosis of Missed miscarriage. The estimated age of her gestation is 16 weeks, as determined by the date of her LMP. All previous deliveries were normal vaginal deliveries in hospitals. Her pelvic examination reveals that the cervix is closed, formed and soft in consistency. The most appropriate initial method of induction of abortion for this patient is:**

- a. Uterine massage under Epidural analgesia**
- b. Cervical dilatation using surgical dilators followed by forceps extraction**
- c. Abdominal hysterotomy under general anesthesia**
- d. Oral and/or vaginal Prostaglandin E2 in repeated doses**
- e. Dilatation and evacuation (D&C) under general anesthesia**

**Answer: d**

**43. The following statements are TRUE concerning prerequisites for vaginal birth after CS EXCEPT**

- a. Non persistent cause of previous CS**
- b. No cephalopelvic disproportion**
- c. Vertex presentation with engaged head**
- d. Previous CS was upper segment**
- e. No tenderness over the CS scar**

**Answer: d**

44. The following statements concerning Caesarean sections scars are true EXCEPT
- a. The scar in the lower segment is stronger than in the upper segment
  - b. The uterus is usually closed in 2 or 3 layers
  - c. The scar in the lower segment carries a higher risk of infection than in the upper segment
  - d. It could be performed through a transverse lower abdominal incision (Pfannensteil) or longitudinal sub-umbilical suprapubic incision
  - e. A Doyen retractor is used to retract the urinary bladder and to protect it

Answer: c

45. Absolute indications of Caesarean include all of the following EXCEPT
- a. Contacted pelvis
  - b. Twin pregnancy
  - c. Large condylomata accuminata of HPV in the vagina
  - d. Placenta praevia complete centralis
  - e. Cervical dystocia

Answer: b

46. The following statements are known complications of episiotomy EXCEPT
- a. Infection
  - b. Dyspareunia
  - c. Haematoma formation
  - d. Lacerations of the cervix
  - e. Increased blood loss during the second stage

Answer: d

47. Comparing Median episiotomy to medio-lateral episiotomy, which statement is INCORRECT?
- a. It's easier to repair
  - b. Less pain in the perineum
  - c. Less blood loss
  - d. Faulty healing is rare
  - e. Extension to the anal sphincter is less common

Answer: e

48. A 24 yrs old woman underwent a normal vaginal delivery of a term infant female. After delivery, the placenta wasn't delivered even after 60 minutes.

Which of the following would be the next step for this patient:

- a. Wait for an additional 30 minutes
- b. Hysterectomy
- c. Attempt a manual extraction of the placenta
- d. Misoprostol intravaginally
- e. Bilateral internal iliac arteries ligation

Answer: d



49. A 33yrs old G5P5 woman who is being induced for pre-eclampsia, delivers a 4kg baby. Upon delivery of the placenta, uterine inversion is noted. The physician attempts to replace the uterus, but the cervix is tightly contracted, preventing reposition.

The best therapy for this patient:

- a. Vaginal hysterectomy
- b. Abdominal hysterectomy
- c. Halothane anesthesia
- d. Discontinue the magnesium sulfate
- e. Infuse oxytocin intravenously

Answer: c

50. A 32 yrs old woman has severe postpartum hemorrhage that does not respond to medical therapy. The obstetrician states that surgical management is the best therapy. The patient desires future fertility.

Which of the following is the most appropriate to achieve the therapeutic goals:

- a. Unilateral internal iliac artery ligation
- b. Bilateral internal iliac artery ligation
- c. Supracervical hysterectomy
- d. Ligation of the external iliac artery
- e. Cervical cerclage

Answer: b

51. Vaginal examination is contraindicated in which situation during pregnancy:

- a. Carcinoma of the cervix
- b. Gonorrhea
- c. Prolapsed praevia
- d. Rupture of membranes

Answer: c

52. A 29yrs old G1P0 woman at 39 wks gestation delivered vaginally. Her placenta does not deliver easily. A manual extraction of the placenta is attempted and the placenta seems to be adherent to the uterus. Due to her strong desire to get children, the cord is ligated with suture as high as possible. The patient is given the option of methotrexate therapy

Which of the following is the most likely complication after this intervention?

- a. Coagulopathy
- b. Utero-vaginal fistula
- c. Infection
- d. Malignant transformation

Answer: c

53. A 36yrs old G1 P0 at 27wks gestation is noted have fever, right flank tenderness and pyuria. She is diagnosed with pyelonephritis. A urine culture is performed. The commonest organism would be:

- a. Proteus species
- b. Candida species
- c. Escherichia coli
- d. Klebsiella species
- e. Staph aureus

**Answer: c**

**54. A 36yrs old G2P1 woman presents for her initial prenatal visit at 6wks gestation. She has 9 years history of type 2 diabetes mellitus, which is managed by oral hypoglycemic medications.**

**Which of the following is the best indicator for fetal outcome of the pregnancy?**

- a. Blood sugar value in the office**
- b. Fasting blood sugar**
- c. HbA1c**
- d. Nuchal translucency on ultrasound**
- e. Umbilical artery Doppler at 18wks**

**Answer: c**

**55. A patient came to your clinic with a positive test and her LMP was on February 28.**

**When it will be her due date?**

- a. March 23**
- b. December 7**
- c. April 23**
- d. March 7**
- e. September 7**

**Answer: b**

**56. A 28yrs old woman noted loss of fetal movement at 36wks gestation. Patient went for follow up at 40 weeks and her FHS were not heard. The uterus measures 30 cm from symphysis pubis.**

**The following test would be most valuable to perform:**

- a. Maternal serum estriol**
- b. Clotting screen**
- c. Lecithin/sphingomyelin (L/S) ratio**
- d. Karyotype of amniotic cells**
- e. Maternal serum progesterone**

**Answer: b**

**57. A patient at 34 weeks gestation develops marked pruritus especially on her palms and soles, and mildly elevated liver function tests, and elevated bile acids.**

**What is your probable diagnosis?**

- a. Pancreatitis**
- b. Urticaria**
- c. Hyperthyroidism**
- d. Diabetes insipidus**
- e. Cholestasis of pregnancy**

**Answer: e**

**58. A 26yrs old Caucasian woman presents for her first prenatal visit. She is 14 weeks pregnant and has had a history of DVT in her left leg when she was on COCPs 3 years ago. She was tested and found to be homozygous for factor V Leiden. What should you advise the patient?**

- a. Close follow up and observation**
- b. Low dose aspirin (81 mg) should be taken during pregnancy and postpartum**

- c. She should be placed on prophylactic warfarin therapy till the end of pregnancy
- d. She would benefit from prophylactic doses of LMWH until 6 weeks postpartum
- e. She should be on therapeutic doses of SC Heparin until after delivery

Answer: d

59. Antepartum assessment of fetal wellbeing include all EXCEPT

- a. Non stress test
- b. Ultrasound biophysical profile
- c. Daily fetal counting
- d. Fetal blood sampling
- e. Color doppler study

Answer: d

60. Ultrasound during the first trimester of pregnancy evaluates the followings EXCEPT:

- a. Crump length
- b. Fetal heart pulsation
- c. Fetal movement
- d. Fetal weight
- e. Twin gestation

Answer: d

61. The pathological retraction ring of Bandl is most commonly associated with:

- a. Premature
- b. Obstructed labor
- c. Precipitate labor
- d. Multiple gestation
- e. Normal labor

Answer: b

62. A 35 years G5 P4 with previous CS is diagnosed with placenta accrete at 28 weeks by ultrasound

When is the placenta accrete most likely to cause bleeding?

- a. During the first stage of labor
- b. Antepartum period
- c. After rupture of membrane
- d. During attempts to remove the placenta
- e. Postpartum

Answer: d

63. What is the best surgical technique for this patient?

- a. Lower segment CS
- b. Upper segment CS
- c. Upper segment CS and then proceed to hysterectomy
- d. Bilateral internal iliac ligation
- e. Hysterectomy with bilateral salpingoophrectomy

Answer: c

**64. Cervical insufficiency occur in the following conditions EXCEPT:**

- a. Congenital uterine anomalies**
- b. Patients with history of cervical lacerations**
- c. Multiple pregnancy**
- d. Uterine fibroids**
- e. Cervical conization**

**Answer: d**

**65. A 33 year old woman at 37 wks gestation presents with moderate vaginal bleeding. She is noted to have a placenta previa. Which of the following is the best management for this patient?**

- a. Induction of labor**
- b. Tocolysis of labor**
- c. Cesarean delivery**
- d. Expectant management**

**Answer: c**

**66. Maternal mortality rate in Egypt on 2013 was 52/100,000 deliveries and the commonest cause is:**

- a. Puerperal sepsis**
- b. Pulmonary embolism**
- c. Obstetric hemorrhage**
- d. Anesthesia complications**
- e. Heart disease complications**

**Answer: c**

**67. Transverse lie in a multipara at term in labor is best treated by:**

- a. External version**
- b. Internal version and extraction**
- c. Cesarean delivery**
- d. Oxytocin induction**
- e. Internal podalic version and breech extraction**

**Answer: a**

**68. Icterus gravis neonatorum, all is true EXCEPT**

- a. It is the commonest and moderate form of RH incompatibility**
- b. Baby delivered anemic and never jaundiced at birth**
- c. IUFD usually occurs due to severe hemolytic anemia**
- d. Jaundice develops within 48 hours after birth**
- e. Hepatosplenomegaly is usually present**

**Answer: c**

**69. An 18yrs old G1 P0 at 8wks gestation presents to your office for her first prenatal visit. She reports daily nausea and vomiting over the past week**

**The following signs or symptoms would indicates diagnosis of hyperemesis gravidarum:**

- a. Hypothyroidism**
- b. Hypokalemia**
- c. Weight gain**
- d. Proteinuria**

e. Diarrhea

Answer: b

70. A 22yrs old pregnant woman has just diagnosed with toxoplasmosis. The following risk factor is most likely to have contributed to her diagnosis:

- a. Eating raw meat
- b. Eating raw fish
- c. Owning a dog
- d. English nationality
- e. Having viral infections in early pregnancy

Answer: a

71. A 30 years old patient came in labor with ruptured membrane since 2 hours and on vaginal examination the fetal nose and mouth were palpable. The chin is pointing toward the sacrum this is a case of:

- a. Left mentoanterior position
- b. Direct mentoposterior position
- c. Occiputo transverse position
- d. Brow presentation
- e. Vertex presentation

Answer: b

72. Which of the following indicates that the patient entered in second stage of labor:

- a. Small amount of bloody mucus discharge (bloody show)
- b. Regular uterine contractions 4 in ten minutes
- c. Spontaneous rupture of membranes
- d. Complete dilatations of cervix
- e. Uterine contractions of 100 mmHg

Answer: d

73. Rupture uterus could occurs in the following conditions EXCEPT:

- a. Improper use of uterine stimulants
- b. Previous uterine scar
- c. Grand multipara
- d. Small for date baby
- e. Instrumental delivery

Answer: d

74. The following describes McRoberts maneuver:

- a. Suprapubic pressure
- b. Delivery of the posterior arm
- c. Maximal flexion and abduction of maternal hips
- d. Rolling the mother to an "all-fours" position
- e. Rotation of the fetal head

Answer: c

75. Advantages of LSCS over USCS includes all of the following EXCEPT

- a. Better healing
- b. Less hemorrhage
- c. Less incidence of recurrence of previous successful repair of high vesicovaginal fistula

- d. Less abdominal distension and ileus
- e. Less mortality rate

Answer: c

76. Pelvic ultrasound is a useful tool in the diagnosis of the following clinical conditions EXCEPT

- a. Adenomyosis
- b. Uterine leiomyoma
- c. Uterine septum
- d. Ovarian cysts
- e. Cervicitis

Answer: e

77. Vaginal sonography is preferable to abdominal pelvic sonography in the diagnosis of the following clinical conditions EXCEPT

- a. Endometrial assessments
- b. Monitoring ovulation
- c. Uterine septum
- d. Ascites
- e. Ectopic pregnancy

Answer: d

78. A 48 year old married woman presenting with heavy period for 8 months duration. Her periods are getting increasingly heavy. The possible differential diagnosis of this case include all EXCEPT

- a. Dysfunctional uterine bleeding
- b. Uterine fibroid
- c. Endometrial polyp
- d. Adenomyosis
- e. Ectopic pregnancy

Answer: e

79. In the above case the following investigations are recommend EXCEPT

- a. Complete blood picture
- b. Bleeding profile
- c. Pelvic ultrasound
- d. Prolactin assay
- e. Endometrial biopsy

Answer: d?

80. Surgical treatment of abnormal uterine bleeding include the following options EXCEPT

- a. Abdominal hysterectomy
- b. Vaginal hysterectomy
- c. Endometrial ablation
- d. Bilateral oophorectomy
- e. Hysteroscopic polypectomy

Answer: d

81. The following are true about randomized controlled studies (RCTs) EXCEPT
- a. The people participating in the trial are randomly allocated to the groups in the study
  - b. It is a prospective study
  - c. RCTs are often used to test the efficacy of various medical interventions
  - d. Can be single blind or double blind
  - e. It is a study that involves the analysis of data collected from a population at one specific point in time

Answer: e

82. The success rate of IVF/ICSI cycles depend upon these factors EXCEPT
- a. Wife's age
  - b. Husband's age
  - c. Quality of oocytes retrieved
  - d. Quality of embryos transferred
  - e. Quality of endometrium

Answer: b

83. The following represents the steps performed in IVF EXCEPT
- a. Ovarian stimulation
  - b. Ovulation monitoring
  - c. Oocyte retrieval
  - d. Oocyte division
  - e. Embryo transfer

Answer: d

84. Normal fertilization of the oocyte can be confirmed under microscope when:
- a. No pronucleus is visualized
  - b. One pronucleus is visualized
  - c. Two pronuclei are visualized
  - d. Three pronuclei are visualized
  - e. Four pronuclei are visualized

Answer: c

85. A 26 year old nulligravida woman comes to the emergency department because of severe right lower quadrant pain. She states that the pain started last night. This morning she was awakened from sleep with severe pain in the same area. During the episode of pain she also had nausea, vomiting, and diaphoresis. Examination is significant for right lower quadrant tenderness and a tender right adnexal mass on pelvic examination. Urine hCG is negative. Transvaginal reveals an 8 cm right ovarian mass.

Which of the following is the most likely diagnosis?

- a. Appendicitis
- b. Ectopic pregnancy
- c. Nephrolithiasis
- d. Ovarian torsion
- e. Pelvic inflammatory disease

Answer: d

**86. A 23 year old female comes to the physician because of a swelling in her vulva. She states that the swelling started about 3 days ago and has been growing since. The swelling is painful. Examination shows cystic mass 4 cm in diameter in the posterior aspect of the patient's left labia majora. The mass is tender and there is associated erythema.**

**Which of the following is the most likely diagnosis?**

- a. Condyloma lata**
- b. Granuloma inguinale**
- c. Infected Bartholin's cyst**
- d. Vulvar cancer**

**Answer: c**

**87. Management should be**

- a. Antibiotics**
- b. Reassurance and discharge**
- c. Colposcopy**
- d. Surgical excision**
- e. Surgical drainage**

**Answer: e**

**88. The following are advantages of laparoscopy in the diagnosis of infertility EXCEPT**

- a. Good evaluation of tubal factor**
- b. Diagnosis of endometriosis**
- c. Diagnosis of Asherman's syndrome**
- d. Localization of pelvic adhesions**
- e. Diagnosis of polycystic ovaries**

**Answer: c**

**89. A 26 year old patient presents to the fertility clinic with regular cycles. She has been married for 2 years with failure of conception. Her hormonal evaluation is normal and her ovulation was followed and was found to be normal. Her pelvic ultrasound scan revealed normal finding. She has a recent normal hystero-salpingogram (HSG) and her husband semen analysis reported to be normal as well. Her family history is irrelevant.**

**Which of the following procedures is advisable for the diagnosis of the cause of infertility?**

- a. Basal body temperature chart**
- b. Pituitary CT scan**
- c. Diagnostic laparoscopy and hysteroscopy**
- d. Repeat Hysterosalpingogram**
- e. Cervical mucus body**

**Answer: e**

**90. What is the most common tumor of the ovary?**



- a. Mucinuous cystadenoma
- b. Fibroma
- c. Theca cell tumor
- d. Benign teratoma
- e. Endodermal germ cell tumour

Answer: a

91. What is the most common cystic lesion of the ovary?

- a. Dermoid cyst of the ovary
- b. Follicular cyst
- c. Ovarian abcess
- d. Endometrioma of the ovary
- e. Ovarian pregnancy

Answer: b

92. An enterocoele is best characterized by which of the following statements?

- a. It is not a true hernia
- b. It is a herniation of the bladder floor into the vagina
- c. It is a prolapse of the uterus and vaginal wall outside the body
- d. It is a protrusion of the pelvic peritoneal sac and vaginal wall into vagina
- e. It is prolapse of the vaginal wall with the lower rectum

Answer: a

93. The following about human papilloma virus (HPV) infection are correct EXCEPT

- a. It is the most common viral STDs
- b. It may lead to CIN and cervical cancer
- c. It is due to RNA virus
- d. Infection may be warty or flat condyloma
- e. HPV types 6 and 11 are the usual causes of visible external warts

Answer: c

94. Uterine leiomyoma can be a cause of infertility. The mechanism by which leiomyoma can cause infertility include EXCEPT

- a. Interfere with implantation due to distortion of the cavity if sub mucous
- b. Tubal obstruction caused by multiple fibroids incl. bilateral conrnual fibroids
- c. Interfere with sperm motility in case of large cervical fibroid
- d. Interfere with fertilization due to lack of capacitation
- e. Pedunclated myoma protruding from the cervix

Answer: d

95. Hysterosalpigography is used to diagnose the following EXCEPT

- a. Subserous leiomyoma
- b. Tubal obstruction
- c. Peritubal adhesions
- d. Asherman syndrome
- e. Unicornuate uterus

Answer: a

96. The following is true about complications related to intrauterine contraceptive device

**EXCEPT**

- a. It is contraindicated in undiagnosed vaginal bleeding
- b. It is contraindicated in cases with history of PID
- c. It is contraindicated in patient with a history of ectopic pregnancy
- d. It is contraindicated in patient with uterine anomalies making insertion difficult
- e. It is contraindicated in lactating patient

Answer: e

97. The following side effects of OCP are true EXCEPT

- a. Weight loss
- b. Hypomenorrhea
- c. Thromboembolic disorders
- d. Breakthrough bleeding
- e. Breast tenderness

Answer: a

98. Cervical intraepithelial neoplasia grade 1 refers to:

- a. Atypical cells occupy the lower one third of the thickness of the epithelium
- b. Atypical cells occupy the upper one third of the thickness of the epithelium
- c. Atypical cells occupy in the middle one third of the thickness of the epithelium
- d. Atypical cells present throughout the thickness of the epithelium but without
- e. Atypical cells invading the basement membrane

Answer: a

99. Magnetic resonance imaging (MRI) is used for the diagnosis of the following EXCEPT

- a. Differentiating ovarian tumours
- b. Evaluation of uterine fibroids to identify the size. Numbers and location of the fibroids
- c. Monitoring ovulation
- d. Differentiate between adenomyosis and uterine leiomyoma
- e. Diagnosis of uterine sarcoma

Answer: c

100. The following about Candida infection are correct EXCEPT

- a. It is the second most common cause of vaginitis in the childbearing period
- b. The infection is common with pregnancy
- c. Vaginal PH is usually alkaline
- d. Vulval itching may occur
- e. Vaginal isoconazole or miconazole are effective

Answer: c

101. A 58 years old woman has presented with complaints of postmenopausal bleeding for the past two weeks. The most essential investigation would be:

- a. Colposcopy
- b. Pap smear
- c. Cone biopsy
- d. D & C (Dilatation & Curettage)
- e. Hysteroscopy

Answer: d

**102. All of the following risks can commonly occur with diagnostic hysteroscopy EXCEPT**

- a. Failure to visualize the cavity
- b. Injury to the bladder
- c. Pelvic infection
- d. Uterine perforation
- e. Vaginal bleeding

**Answer: a**

**103. A 30 years old G1 P1 with living child presented to the emergency department with acute left iliac fossa pain and vaginal bleeding. She uses IUCD for contraception, and says her periods are regular EXCEPT for this time where she noticed 1 week delay**

**What's the first investigation to be ordered?**

- a. Serum  $\beta$  hCG
- b. Abdominal ultrasound
- c. Transvaginal ultrasound
- d. CBC
- e. Serum prolactin

**Answer: a**

**104. The  $\beta$  hCG level was 800 IU. The patient was vitally stable. Abdominal examination revealed tenderness but no rigidity. Ultrasound revealed empty uterus and no adnexal masses**

**What should be the following step?**

- a. Perform diagnostic laparoscopy
- b. Repeat ultrasound in one week
- c. Repeat  $\beta$  hCG after 48 hours
- d. Ask for MRI pelvis
- e. Reassure and discharge

**Answer: c**

**105. Which of the following is not a likely Differential Diagnosis?**

- a. Threatened abortion
- b. Ectopic pregnancy
- c. Vesicular mole
- d. Missed abortion
- e. Incomplete abortion

**Answer: c?**

**106. Laparoscopy can be used to perform all of these procedures in Gynecology EXCEPT**

- a. Ovarian cystectomy
- b. Myomectomy
- c. Subtotal hysterectomy
- d. Radical hysterectomy (radial lymph node dissection)
- e. Simple vulvectomy

**Answer: e**

**107. Hysteroscopy can be used in the following gynaecological procedure:**

- a. Removal of a sub-serous myoma
- b. Removal of a sub-mucous myoma
- c. Salpingectomy
- d. Pelvic lymph
- e. Ovarian cystectomy

Answer: b

**108. Of the following maneuvers, which will decrease the risk of uterine perforation before dilation and curettage (D&C):**

- a. Uterine sounding
- b. Uterine dilation
- c. Filling the bladder
- d. Bimanual examination
- e. Transvaginal sonography

Answer: a

**109. Complications of HSG all of the following EXCEPT**

- a. Allergic reaction
- b. Shock
- c. Oil embolism
- d. Infertility
- e. Flaring up of infection

Answer: d

**110. The commonest cause of Pelvi-abdominal swellings in women in the reproductive age is:**

- a. Subserous myoma
- b. Mucinous cystadenoma
- c. Pregnancy
- d. Vesicular mole
- e. Obesity

Answer: c

**111. Cystic adnexal swelling include all of the following EXCEPT**

- a. Broad ligament hematoma
- b. Tubo-ovarian abscess
- c. Hematometra
- d. Pyosalpinx
- e. Benign cystic teratoma

Answer: c

**112. The instrument used to assess the direction and length of the uterine cavity is:**

- a. Hegar dilator
- b. Cusco speculum
- c. Foley's catheter
- d. Sound
- e. Curette

Answer: d

113. The ideal patient position during D&C is:

- a. Dorsal position
- b. Trendelenberg position
- c. Lithotomy position
- d. Knee elbow position
- e. None of the above

Answer: c

114. Postoperative reactionary hemorrhage after vaginal operation:

- a. Is hemorrhage occurring during the operation
- b. Occurs usually on the 10<sup>th</sup> postoperative day due to sepsis
- c. Occurs usually within 24 hours after surgery
- d. In this case it is recommended to avoid any sutures in the friable tissues as this will encourage further bleeding
- e. None of the above

Answer: c

115. A 65 year old woman is noted to have suspected uterine fibroids on physical examination. Over the course of 1 year, she is noted to have an enlargement of her uterus from 12 weeks size to 20 weeks size.

Which of the following is the best management?

- a. Continued careful observation
- b. Gn RH agonist
- c. Exploratory laparotomy and hysterectomy
- d. Progestins therapy
- e. Estrogen treatment

Answer: c

116. Most common symptom of endometriosis:

- a. Dysmenorrhea
- b. Menorrhagia
- c. Amenorrhea
- d. Pelvic mass
- e. Vaginal discharge

Answer: a

117. The gold standard investigation for endometriosis is:

- a. CT
- b. MRI
- c. US
- d. Plain Xray
- e. Laparoscopy

**Answer: e**

**118. The cut-off size for excision of ovarian endometrioma is:**

- a. 1 cm**
- b. 2 cm**
- c. 4 cm**
- d. 10 cm**
- e. 15 cm**

**Answer: c**

**119. The risk of endometrial carcinoma is the highest with the following histological pattern of endometrial hyperplasia:**

- a. Simple hyperplasia without atypia**
- b. Simple hyperplasia with atypia**
- c. Complex hyperplasia without atypia**
- d. Complex hyperplasia with atypia**
- e. Atrophic endometrium**

**Answer: d**

**120. Woman with postmenopausal bleeding needs endometrial sampling if endometrium on ultra-sound is thicker than:**

- a. 1 mm**
- b. 2 mm**
- c. 5 mm**
- d. 8 mm**
- e. 10 mm**

**Answer: c**

**121. Presence of pyometra in a postmenopausal female strongly suggests:**

- a. Diabetes mellitus**
- b. Degenerating myoma**
- c. Senile endometritis**
- d. Malignancy**
- e. Sexual promiscuity**

**Answer: d**

**122. Which are the most pathogenic human papillomavirus (HPV) subtypes that are responsible for most cancers?**

- a. 2 and 16**
- b. 14 and 15**
- c. 16 and 18**
- d. 31 and 33**
- e. 36 and 45**

**Answer: c**

**123. The commonest cause of death in cancer cervix is:**

- a. Infection
- b. Uraemia
- c. Haemorrhage
- d. Cachexia
- e. Distant metastasis

Answer: b

124. The lymphatic drainage of the cervix is to the following lymph nodes EXCEPT:

- a. The femoral lymph nodes
- b. The internal iliac lymph nodes
- c. The para-cervical lymph nodes
- d. The pre-sacral lymph nodes
- e. The obturator lymph nodes

Answer: a

125. A 62-year old woman comes to the physician because of bleeding from the vagina. She states that her last menstrual period came 11 years ago and that she had no bleeding since that time. She has hypertension and type 2 diabetes mellitus. Examination shows a mildly obese woman in no apparent distress. An endometrial biopsy is performed that shows grade 1 endometrial adenocarcinoma.

Which of the following is the most appropriate next step in management?

- a. Chemotherapy
- b. Cone biopsy
- c. Dilatation and curettage
- d. Hysteroscopy
- e. Hysterectomy

Answer: e

126. Acetic acid turns a portion of the cervix \_\_\_\_\_ in a patient with CIN:

- a. Green
- b. Blue
- c. Brown
- d. Orange
- e. White

Answer: e

127. A 54 year old woman comes to the physician for an annual examination. She has no complaints. For the past year, she has been taking tamoxifen for the prevention of breast cancer. She was started on this drug after her physician determined her to be at high risk on the basis of her strong family history, nulliparity, and early age at menarche. She takes no other medications. Examination is within normal limits.

Which of the following is this patient most likely to develop while taking tamoxifen?

- a. Breast cancer
- b. Elevated LDL cholesterol
- c. Endometrial changes
- d. Myocardial infarction
- e. Osteoporosis

Answer: c

**128. Cervical carcinoma spread and staging: Microinvasion of the basement membrane, <7 mm across, with no lymph/vascular space invasion:**

- a. Stage 1b**
- b. Stage 3**
- c. Stage 4**
- d. Stage 1a**
- e. Stage 2a**

**Answer: d**

**129. The area where cervical carcinoma usually originates is:**

- a. Neoplastic zone**
- b. Metaplastic field**
- c. Retrograde area**
- d. Transformation zone**
- e. Transition field**

**Answer: d**

**130. Cervical carcinoma characteristically spreads in the:**

- a. Tissue**
- b. Lymph**
- c. Bone**
- d. Blood**
- e. Mucus**

**Answer: b**

**131. A 39 years old woman para 6 has presented with complaint of post coital bleeding for the past three months. Your first investigation should be:**

- a. Dilatation & curettage**
- b. Cone biopsy of the cervix**
- c. Pap smear**
- d. Colposcopy**
- e. Laparoscopy**

**Answer: c**

**132. A 58 years old woman has presented with complains of postmenopausal bleeding for the past two weeks. The most essential investigation would be:**

- a. Colposcopy**
- b. Pap smear**
- c. Cone biopsy**
- d. D & C (Dilatation & Curettage)**
- e. Hysteroscopy**

**Answer: d**

**133. The most common symptom of endometrial hyperplasia is:**

- a. Vaginal discharge**
- b. Vaginal bleeding**
- c. Amenorrhea**
- d. Pelvic pain**
- e. Abdominal distension**



**Answer: b**

**134. Carcinoma in situ of cervix implies:**

- a. Extensive glandular involvement of cancer cells**
- b. Full thickness epithelium replacement by undifferentiated cancer cells**
- c. Partial epithelial replacement of stratified basal cells**
- d. Reserve cell hyperplasia**
- e. Nests of malignant basal cells throughout epithelium**

**Answer: b**

**135. Most vaginal cancers develop in which part of the vagina?**

- a. Upper third**
- b. Middle third**
- c. Lower third**
- d. Lateral vaginal walls**
- e. None of the above**

**Answer: a**

**136. The levator ani muscle:**

- a. Is a voluntary muscle**
- b. Is attached laterally to the "white line of the pelvis"**
- c. Is composed of pubococcygeus and iliococcygeus muscle**
- d. Contracts to prevent spillage of urine strain**
- e. All of the above**

**Answer: e**

**137. The commonest cause of stress incontinence is:**

- a. Constipation**
- b. Raised intra abdominal pressure**
- c. Congenital weakness of sphincter**
- d. Childbirth trauma**
- e. Estrogen deficiency**

**Answer: d**

**138. All of the following are supports of the uterus EXCEPT**

- a. Makenrodt's ligaments**
- b. Uterosacral ligaments**
- c. Broad ligaments**
- d. Pubocervical fascia**
- e. Rectovaginal fascia**

**Answer: c**

**139. Prolapse after menopause is mainly attributed to the deficiency of which hormone?**

- a. Estrogen**
- b. Progesterone**
- c. Testosterone**
- d. Cortisone**
- e. Androgens**

**Answer: a**

**140. In Turner syndrome: which is true?**

- a. Genetically is 46 X O**
- b. Has testis in inguinal area**
- c. Usually presents with primary amenorrhea**
- d. Has low I.Q**
- e. Usually tall.**

**Answer: c**

**141. A 63-year old patient with symptoms of vaginal itching, vaginal dryness, and dyspareunia. Which of the following is the most appropriate medical therapy?**

- a. Orally administered estrogen for the first 25 days of each month**
- b. Vaginal estrogen cream daily**
- c. Orally administered progesterone 5 to 10 days each month**
- d. Testosterone tables 10 mg/d**
- e. Estrogen 20 mg administered intravenously**

**Answer: b**

**142. A 22-year old woman presents to her GP for advice regarding the most appropriate postnatal contraception. She is bottle-feeding her baby. She and her partner are keen to space out child bearing by 1-2 years. She has a history of irregular menstrual cycle and polycystic ovarian syndrome.**

**Select the SINGLE most appropriate contraceptive option:**

- a. Combined oral contraceptive pill**
- b. Copper intrauterine device**
- c. Levonorgestrel-releasing intrauterine system (Mirena)**
- d. Progestogen only pill**
- e. Progestogen only injectable**

**Answer: a**

**143. The contraceptive injection, which lasts for 3 months, contains which one of the following:**

- a. Depot medroxyprogesterone acetate**
- b. Ethinyl estradiol**
- c. Etonogestrel**
- d. Levonorgestrel**
- e. Norethindrone**

**Answer: a**

**144. As regard emergency contraception & levonorgestrel, which is correct**

- a. It is teratogenic**
- b. It decreases the risk of ectopic pregnancy**
- c. It is ineffective if it is taken 24 hours after unprotected sexual intercourse**
- d. Can be administrated as a single dose of 1.5 mg or 2 doses of 750 µg 12 hours apart.**
- e. Tablets could be taken orally or vaginally**

**Answer: d**

**145. A woman came to the out-patient clinic complaining of whitish discharge with fishy**

odour. No history of itching. Most likely the diagnosis is:

- a. Bacterial vaginosis
- b. Trichomoniasis
- c. Candidiasis
- d. Malignancy
- e. Urinary tract infection

Answer: a

146. A 36 year old woman attends family planning clinic as she wants to use combined oral contraceptive pills (COCP) for the next 3 years. When is the highest risk of venous thromboembolism?

- a. After 5 years of use
- b. After 4 years of use
- c. After 3 years of use
- d. In the second year of use
- e. In the first year of use

Answer: e

147. The absolute contraindications to combined oral contraceptive pills (COCPs) include all of the following EXCEPT

- a. Blood pressure <140/90
- b. Smoking cigarettes (40/day)
- c. Diabetic retinopathy
- d. Migraine with aura
- e. Body mass index > 40

Answer: a

148. Serum prolactin levels are highest in which of the following conditions:

- a. Menopause
- b. Ovulation
- c. Parturition
- d. Sleep
- e. Running

Answer: c

149. The most likely cause of abnormal uterine bleeding in 13 years old girl is:

- a. Uterine cancer
- b. Ectopic pregnancy
- c. Anovulation
- d. Systemic bleeding diatheses
- e. Trauma

Answer: c

150. The normal vagina is richly colonized by bacterial flora predominantly consisting

**of:**

- a. Mycoplasma hominis**
- b. Gardnerella**
- c. Actinomyces viscosus**
- d. Chlamydia trachomatis**
- e. Lactobacillus**

**Answer: e**

---

## Final exam – August 2018

**1. In pre-eclampsia, select the correct answer:**

- a. There is an increase in intracellular sodium
- b. Proteinuria is the earliest sign
- c. Serum uric acid levels tend to decrease
- d. The liver shows patchy fibrosis and cirrhotic changes
- e. There is disturbance of the clotting mechanism

**Answer:**

**2. There is an increased risk of developing pre-eclampsia with**

- a. Increased paternal age
- b. High parity
- c. Hydatidiform mole
- d. Maternal cardiac disease
- e. Diabetes insipidus

**Answer:**

**3. Diabetes mellitus (DM) in pregnancy is associated with the following:**

- a. Decreased incidence of congenital defects
- b. Decreased insulin requirements
- c. Increased risk of essential hypertension
- d. A high incidence of vaginal trichomonas infection
- e. Fetal macrosomia

**Answer:**

**4. Poorly controlled DM in pregnancy can lead to the following complications EXCEPT:**

- a. Delayed fetal pulmonary maturation.
- b. Decreased amniotic fluid volume.
- c. Progressive retinopathy
- d. Neonatal hypomagnesemia
- e. Neonatal hyperglycemia.

**Answer:**

**5. Insulin adjustment during pregnancy, select the correct answer**

- a. Makes diet manipulation unnecessary.
- b. Three-injection regimen is needed in most cases.
- c. The evening dose is the usually higher than the others.
- d. Timing of injection is before meals.
- e. Portable glucose meters are not useful.

**Answer:**

**6. Gestational diabetes mellitus, select the correct answer**

- a. Should be screened for in all pregnancies.
- b. Can be excluded by a fasting glucose testing.
- c. Oral glucose tolerance test is not reliable.
- d. Is an indication for induction at 34 weeks.
- e. Is usually unrelated to diabetes in later life.

**Answer:**

**7. In cardiac disease in pregnancy, select the correct answer**

- a. Congenital heart disease is the commonest cause in Egypt
- b. Cardiac failure should not be treated with digoxin
- c. Delivery should be by planned Caesarean section
- d. Cardiac surgery is absolutely contraindicated
- e. Ergometrine should be avoided in the third stage

**Answer:**

**8. A classical cesarean section, select the correct answer**

- a. Should be done in cases of transverse lie
- b. Is performed when large fibroids occupy the lower segment of the uterus
- c. Is performed in all cases of placenta previa
- d. Is performed through a transverse incision in the upper segment of the uterus
- e. Scar is liable to rupture less than lower segment operation

**Answer:**

**9. Episiotomy, select the correct answer**

- a. Allows widening of the birth canal
- b. Can be midline or inferolateral in site
- c. Midline bleeds less, and is easier to repair
- d. Must be performed for occipito posterior malposition
- e. Involvement of the anal sphincter is classified as 2<sup>nd</sup> degree

**Answer:**

**10. Instrumental vaginal delivery, select the correct answer**

- a. The only prerequisite is full cervical dilatation
- b. Forceps may be used if the ventouse fails
- c. Ventouse shouldn't be used for preterm deliveries
- d. Forceps can't be used in breech delivery
- e. Ventouse cannot be used for rotational (occipito-transverse posterior) deliveries

**Answer:**

**11. Warning symptoms that are given to a pregnant lady include all of the following EXCEPT:**

- a. Bleeding per vagina
- b. Leg edema
- c. Sudden loss of fluid per vagina
- d. Abdominal pain
- e. Ptyalism

**Answer:**

**12. The following investigation is a component of routine antenatal care, select the correct answer:**

- a. Serum hCG level
- b. Rh typing
- c. Hematocrit
- d. Urine analysis for sugar, protein, and ketones
- e. Uterine culture

**Answer:**

**13. In threatened abortion, select the correct answer:**

- a. The uterine size is typically less than expected for the period of gestation
- b. Progesterone therapy is essential treatment
- c. Pain is usually absent
- d. Vaginal bleeding is present in many cases
- e. Bed rest prevent miscarriage

**Answer:**

**14. In inevitable abortion of 10 weeks pregnancy, the following are true EXCEPT:**

- a. Bleeding is heavy.
- b. Colicky pain is always present.
- c. Hypovolemic shock may be present.
- d. Internal os is closed.
- e. Ultrasound scan shows blood in the uterine cavity.

**Answer:**

**15. Septic abortion, select the correct answer:**

- a. May result from exposure to gonorrhoea during pregnancy
- b. Antibiotics and fresh blood transfusion are important in treatment
- c. Rarely leads to septic shock
- d. Should be treated by immediate curettage of the uterus
- e. Is a more common cause of maternal death than bleeding in developing countries

**Answer:**

**16. Regarding recurrent (habitual) abortion, select the correct answer**

- a. The most common cause of 2<sup>nd</sup> trimester habitual abortion is infection
- b. It is defined as 3 consecutive induced abortions
- c. The most common genetic abnormality in habitual abortion is polyploidy
- d. No etiological factor Is Identified in approximately 50%
- e. The incidence Is about 20 — 30% of all miscarriage

**Answer:**

**17. Normal cardiotocograms (CTGs) include the following facts EXCEPT:**

- a. The baseline at term is usually 110-160 beats/minute
- b. The short-term variability is 10-25 beats/minute
- c. An acceleration is a baseline increase of 15 beats/minute for 15 seconds
- d. Late deceleration starts with the start of the uterine contraction
- e. The tocograph trace indicates the frequency and strength of uterine contractions

**Answer:**

**18. The biophysical profile, select the correct answer:**

- a. Is a reflection of fetal well-being assessed by Doppler
- b. Is scored out of 12
- c. Amniotic fluid volume is one of the variables included
- d. The presence of breathing movements is a poor sign
- e. It is a good +ve but not good -ve test

**Answer:**

**19. Impaired fetal growth, select the correct answer**

- a. Is symmetrical if the fetal head and abdomen are equally reduced in size
- b. Have no long-term effects on postnatal growth
- c. Always associated with hypoxia and acidosis
- d. Preeclampsia is a rare cause for asymmetrical type
- e. May be assessed with a single ultrasound examination in the third trimester

**Answer:**

**20. The following may cause intrauterine death of the fetus EXCEPT:**

- a. Diabetes mellitus
- b. Respiratory distress syndrome (RDS)
- c. Hydrops foetalis (Congenital fetal abnormalities)
- d. Syphilis

**Answer:**

**21. Oligohydramnios is associated with the following fetal conditions EXCEPT:**

- a. Anencephaly
- b. Talipes
- c. Potter's syndrome
- d. Intrauterine growth retardation
- e. Intrauterine fetal death

**Answer:**

**22. As regards tests used in prenatal diagnosis of congenital fetal anomalies:**

- a. The triple test is used to screen for Down's syndrome
- b. Maternal serum alpha-fetoprotein (msAFP) is the best diagnostic test for neural-tube defects
- c. Chorionic villus sampling (CVS) should be done after 18 weeks
- d. Tests using DNA technology can't be performed on amniocentesis specimens
- e. Ultrasound has generally low value in screening

**Answer:**

**23. Screening for chromosomal abnormalities:**

- a. Can provide diagnosis only for trisomy 21
- b. Low levels of hCG is associated with Down's syndrome
- c. Can be used as an indicator for poor fetal outcome
- d. Is accurate only when femur length is more than 60mm
- e. Done exclusively for mothers more than 35 years age

**Answer:**



**24. Congenital abnormality:**

- a. Cystic fibrosis is not considered as a congenital abnormality
- b. Down's syndrome is very rare in developing countries
- c. Trisomies 13, 18 and 21 are equally common at birth
- d. The prevalence of sex chromosome abnormalities does not depend on maternal age
- e. Are almost always diagnosed late in life

**Answer:**

**25. In neural tube defects, the following are correct EXCEPT:**

- a. The majority of these defects occur at the cranial end of the spine
- b. The prognosis for spina bifida depends on the spinal level of the lesion
- c. Occult spina bifida can be diagnosed through clinical examination of the back
- d. A supplement of 100 ug folic acid daily significantly reduces the risk of recurrence
- e. Occur because of a poor preconceptual maternal diet

**Answer:**

**26. For anencephalic fetus, the following fact is correct:**

- a. It is rarely associated with face presentation
- b. The fetus has "frog face" sign in ultrasound
- c. Advancing maternal age is the main risk factor
- d. It is absence of the bones of skull base
- e. Obstructive types has much better prognosis than non-obstructive type

**Answer:**

**27. A sure evidence of onset of first stage of active labor is:**

- a. Abdominal pain
- b. Expulsion of mucus streaked with blood (Show)
- c. Rupture of membranes.
- d. Head engagement
- e. Cervical dilatation.

**Answer:**

**28. Which of the followings is considered a sure diagnosis of 2nd stage of labor?**

- a. Uterine contractions become more strong and frequent.
- b. Rupture of membranes.
- c. Involuntary bearing down.
- d. Fully dilated cervix.
- e. Head engagement.

**Answer:**

**29. During 3rd stage of normal labor, signs of placental separation include one of the following:**

- a. More marked uterine contractions.
- b. Patient had a reflex bearing down.
- c. Elongation of the cord.
- d. Distention of uterine fundus.
- e. Perineum is maximally distended.

**Answer:**

**30. A primipara with occipito-posterior malposition during labor. When the cervix became fully dilated, head was at 0 station, membranes ruptured spontaneously with clear liquor but uterine contractions became infrequent. The best management would be:**

- a. Immediate caesarian section.
- b. Forceps application.
- c. Ventouse delivery.
- d. Avoid bearing down and give sedation.
- e. Oxytocin and wait for spontaneous rotation.

**Answer:**

**31. Face presentation is characterized by:**

- a. Engaging head diameter is mento-vertical diameter.
- b. Head can be delivered in extension.
- c. Direct mento-posterior has no mechanism for spontaneous delivery.
- d. Mento-posterior rotates to mento-anterior in 90% of cases
- e. Vacuum extraction can be used to assist delivery.

**Answer:**

**32. In Assisted Breech delivery:**

- a. Traction on fetal trunk should be done to assist fetal head delivery.
- b. Prague maneuver is routinely used to deliver the after coming head.
- c. Fetal back should be kept anterior.
- d. Once the fetal neck appears under symphysis, fetal body should be lifted towards mother's abdomen.
- e. Episiotomy should not be done as the buttocks are soft.

**Answer:**

**33. Which of the following conditions, fetal head is delivered in flexion?**

- a. Direct occipito anterior
- b. Face mento posterior.
- c. Oblique occipito-posterior.
- d. After-coming head of breech.
- e. Persistent brow.

**Answer:**

**34. A 27-year-old married woman, gravida 3, para 2 had a delayed period for 3 day and a positive urine pregnancy test despite that she is using IUCD for birth control. She feels mild lower abdominal discomfort. Serum Beta HCG level is 400 m IU/ml. vaginal ultrasound showed empty uterus and I. U. D in situ. What is the next step in this case?**

- a. Remove I.U.C.D and recheck by U.S after 2 weeks.
- b. Expectant management and repeat HCG after 2 days.
- c. Start methotrexate.
- d. Immediate Laparoscopy.
- e. Pelvic C.T. is urgently requested to confirm diagnosis.

**Answer:**

**35. A missed abortion on ultrasound examination may include all of the following findings EXCEPT:**

- a. Gestational sac size less than the period of amenorrhea
- b. Absent fetal heart pulsations
- c. Sub-chorionic hemorrhage
- d. CRL less than the duration of amenorrhea
- e. Amniotic fluid index less than 7

**Answer:**

**36. What is the most common cause of first trimester abortion?**

- a. Chromosomal abnormalities.
- b. Rhesus iso-immunization.
- c. Cervical incompetence
- d. Bicornuate uterus.
- e. Intra-uterine viral infections.

**Answer:**

**37. Cervical incompetence is characterized by one of the following clinical features:**

- a. Abortions usually occur in 1st trimester.
- b. Commonly is associated with blighted ovum.
- c. Abortions are associated with minimal pain and early rupture of membranes.
- d. Intrauterine fetal death occurs before abortion.
- e. In ultrasound, cervix is less than 3.5 cm in length with inner diameter more than 2mm.

**Answer:**

**38. A -year-old woman, gravida 1, has an unruptured ampullary tubal pregnancy. The procedure that offers best chance of future fertility is :**

- a. Salpingostomy.
- b. Salpingo-oophorectomy.
- c. Tubal resection and reanastomosis.
- d. Salpingectomy.
- e. Wait till spontaneous tubal abortion.

**Answer:**

**39. As regard precipitate labor:**

- a. It is more common in primipara.
- b. Maternal anxiety is the main cause.
- c. More common to occur with malpositions and malpresentations.
- d. Retained placenta is common.
- e. Cervical and perineal tears are frequent.

**Answer:**

**40. Contraindications for oxytocin to augment labor, choose the correct answer:**

- a. Premature fetus.
- b. Hypotonic uterine inertia.
- c. Maternal hypertension. .
- d. Previous caesarian section.
- e. All cases with antepartum hemorrhage.

**Answer:**

**41. A diabetic short statured primipara with a fully dilated cervix for 2 hours. F.H.R was reassuring but contractions became very infrequent. Fetus is cephalic, -2 station with ruptured membranes. Your likely diagnosis is:**

- a. Iry hypotonic uterine inertia.
- b. Obstructed labor.
- c. Rupture uterus.
- d. Constriction ring.
- e. Cervical dystocia.

**Answer:**

**42. Predisposing factors for hypotonic uterine inertia include all of the followings EXCEPT:**

- a. Multipara.
- b. Over distended uterus.
- c. Bicornuate uterus.
- d. Cephalo-pelvic disproportion.
- e. Excess analgesia in early labor.

**Answer:**

**43. Obstetric ultrasound is useful for diagnosis of the following clinical conditions EXCEPT:**

- a. Multiple gestations
- b. Fetal growth disorders.
- c. Amniotic fluid disorders.
- d. Pathologically adherent placenta.
- e. Contracted pelvis.

**Answer:**

**44. Which one of the following is an advantage of medio-lateral episiotomy over median episiotomy?**

- a. It is easier to repair.
- b. Less pain in the perineum.
- c. Less blood loss.
- d. Better healing.
- e. Less extension to the anal sphincter.

**Answer:**

**45. Amniocentesis could be used for all the following purposes EXCEPT:**

- a. Karyotyping to exclude chromosomal anomalies.
- b. Detection of fetal lung maturation.
- c. Treatment of polyhydramnios.

- d. Detection of amniotic fluid bilirubin.
- e. Diagnosis of intrauterine fetal death.

**Answer:**

**46. Conditions to be fulfilled before attempting forceps application on fetal head include all of the followings EXCEPT:**

- a. Cervix is fully dilated.
- b. Membranes should be intact.
- c. Head must be engaged.
- d. Bladder should be empty.
- e. Occiput should be direct anterior or posterior.

**Answer:**

**47. Indications of episiotomy include all of the following EXCEPT:**

- a. Markedly contracted outlet.
- b. Instrumental delivery.
- c. Malpositions and malpresentations.
- d. Rigid perineum.
- e. Premature fetus.

**Answer:**

**48. An 8th gravid, para 7 during the 2nd stage of labor had cessation of uterine contractions and slight vaginal bleeding. Fetal head receded up. Her blood pressure became 100/60 and pulse rate became 120/minute with deteriorating conscious level. What is your 1st differential diagnosis?**

- a. Accidental hemorrhage.
- b. Obstructed labor
- c. Rupture uterus.
- d. Uterine inertia
- e. Constriction ring opposite fetal neck.

**Answer:**

**49. What will be your next step in management in this case?**

- a. Ask the patient to bear down maximally aided by fundal pressure to enhance labor.
- b. Trial of ventouse fetal head extraction.
- c. Fluid replacement and oxytocin drip to regain uterine contractions
- d. Urgent Blood transfusion and immediate laparotomy.
- e. General anesthesia to relax the constriction ring.

**Answer:**

**50. Which degree of perineal tear during labor that involves vaginal mucosa, perineal skin, transverse perineal muscles and anal sphincter?**

- a. 1<sup>st</sup> degree perineal tear.
- b. 2<sup>nd</sup> degree perineal tear.
- c. 3<sup>rd</sup> degree perineal tear.
- d. 4<sup>th</sup> degree perineal tear.
- e. Incomplete perineal tear.

**Answer:**

**51. In a trial for vaginal delivery after caesarian section, choose the most ominous sign of impending scar dehiscence:**

- a. Early rupture of membranes.
- b. Tender scar.
- c. Continuous vaginal blood trickling.
- d. Fetal heart rate variability.
- e. Failed progress of labor.

**Answer:**

**52. A full term pregnant obese, multipara, presented to obstetric emergency late in labor with a fully dilated cervix and involuntary bearing down .Head was delivered spontaneously but arrest of shoulder delivery occurred. What will be your next step in managing this case?**

- a. Immediate caesarian section.
- b. Forceful traction on fetal head.
- c. Hyper flex both hips with abduction and fundal pressure.
- d. Introduce your hand vaginally to bring down an arm.
- e. Cover the head with warm towel and wait for spontaneous expulsion.

**Answer:**

**53. What is the most common cause of puerperal pyrexia?**

- a. Puerperal sepsis
- b. Milk engorgement of the breast
- c. Respiratory tract infections.
- d. Complicated ovarian cyst.
- e. Cystitis and pyelonephritis.

**Answer:**

**54. One of the following conditions may be a cause of polyhydramnios:**

- a. Fetal malpositions and malpresentations.
- b. Congenital fetal polycystic kidneys.
- c. Hydrocephalic fetal head.
- d. Diabetes mellitus.
- e. Placental insufficiency

**Answer:**

**55. Oligohydramnios is diagnosed when the amniotic fluid index is:**

- a. Less than 5 cm.
- b. Less than 10 cm.
- c. Less than 15 cm.
- d. Less than 20 cm.
- e. Less than 25cm.

**Answer:**

**56. During conservative management in cases of premature rupture of membranes, choose the correct statement:**

- a. Should continue for a maximum of 1 week.
- b. Frequent vaginal examination is done to assess cervical dilatation.
- c. Antibiotics and corticosteroids are contraindicated.
- d. Caesarian section should be done later in all cases.
- e. Serial complete blood count and C reactive protein estimation to detect early infection.

**Answer:**

**57. A primipara during the 1<sup>st</sup> stage of labor, with continuous monitoring of uterine contractions and fetal heart rate during labor (C.T.G). Suddenly the tracing showed fetal bradycardia that occurred with peak of uterine contractions and returned to normal with its end. What is the most likely cause of this change?**

- a. Fetal distress.
- b. Head compression.
- c. Cord compression
- d. Heart anomaly
- e. Excess analgesia.

**Answer:**

**58. Administration of pethidine injections less than two hours before delivery may be complicated by:**

- a. Labor prolongation.
- b. Postpartum hemorrhage.
- c. Neonatal jaundice.
- d. Motor block with weakness of lower limbs.
- e. Neonatal respiratory depression.

**Answer:**

**59. The fetal biophysical profile on ultrasound includes the following parameters EXCEPT**

- a. Fetal movements.
- b. Fetal tone.
- c. Fetal weight.
- d. Fetal breathing movement.
- e. Amniotic fluid volume.

**Answer:**

**60. Antepartum assessment of fetal wellbeing includes all of the following EXCEPT:**

- a. Non stress test
- b. Ultrasound biophysical profile
- c. Daily fetal counting
- d. Fetal blood sampling
- e. Doppler study

**Answer:**

**61. A 40 years old multipara had a complete uterine inversion after fetal delivery with the placenta still in situ. What is the best treatment option?**

- a. Immediate removal of placenta followed by manual reduction.
- b. Reduce the uterus 1<sup>st</sup> followed by placental delivery.
- c. Vaginal hysterectomy.
- d. Bilateral cervical incisions.
- e. Uterine massage and ergometrine injections.

**Answer:**

**62. A 35 year's old, multipara with previous 3 caesarian sections, 32 weeks pregnant, presented to outpatient clinic for routine antenatal care. Ultrasound revealed low lying anterior wall placenta. How can you counsel this case?**

- a. This is insignificant as she will deliver by caesarian section.
- b. Risk of hysterectomy is of major concern.
- c. Placental insufficiency is highly expected.
- d. Immediate termination should be considered.
- e. Placenta usually migrates up.

**Answer:**

**63. Pathological complications in cases with severe concealed accidental hemorrhage include all of the following EXCEPT:**

- a. Disseminated intravascular coagulopathy.
- b. Renal failure.
- c. Couvelaire uterus.
- d. Sheehan syndrome.
- e. Generalized muscular atrophy.

**Answer:**

**64. A primigravida 36 weeks gestation known to be hypertensive since her last check 1 week ago, came to the emergency presenting by acute abdominal pain. Her B.P was 110/70 and her pulse rate was 120/minute. Abdominal examination revealed hard tender uterus and absent fetal pulse. What Is your provisional clinical diagnosis?**

- a. Rupture hemorrhagic ovarian cyst.
- b. Red degeneration of fibroid.
- c. Concealed accidental hemorrhage.
- d. Rupture uterus.
- e. Hypertonic uterine activity.

**Answer:**

**65. Typical features of placenta previa include all of the followings EXCEPT:**

- a. Uterus is normally felt by abdominal palpation.
- b. Fetal distress is uncommon.
- c. Malpresentations are common.
- d. Painless vaginal bleeding.
- e. Bleeding commonly follows external trauma to abdomen.

**Answer:**



**66. Warning symptoms in pregnancy include all of the followings EXCEPT:**

- a. Gush of fluid escape per vagina.
- b. Decreased quickening
- c. Vaginal bleeding.
- d. Abdominal pains.
- e. Backache.

**Answer:**

**67. Laboratory investigations in routine antenatal care usually include all of the followings EXCEPT:**

- a. Blood group and complete blood picture
- b. Urine analysis
- c. Thyroid functions
- d. Blood sugar
- e. Toxoplasma antibodies

**Answer:**

**68. A 27 years old primigravida with a past history of rheumatic fever, pregnant 24 weeks, attended our antenatal care clinic, complaining of shortness of breath and orthopnea. Which of the following investigation must be done?**

- a. Chest x-ray
- b. Echo examination of the heart
- c. Serum sodium and potassium assay
- d. Stress ECG.
- e. Cardiac angiography

**Answer:**

**69. A patient at 34 weeks gestation develops marked pruritus especially on her palms and soles, and mildly elevated liver function tests, and elevated bile acids. What is your most probable diagnosis?**

- a. Pancreatitis.
- b. Urticaria.
- c. Hyperthyroidism
- d. Diabetes insipidus.
- e. Cholestasis

**Answer:**

**70. Convulsions during pregnancy could be due to all the following conditions except:**

- a. Eclampsia.
- b. Cerebrovascular accident.
- c. Epilepsy.
- d. Hysterical.
- e. Emesis gravidarum.

**Answer:**

**71. Concerning asymptomatic bacteruria in pregnancy:**

- a. Pyelonephritis will follow in most cases.
- b. Bacterial count is more than 100,000/ml.
- c. Abortion is a common complication.
- d. Ampicillin should be avoided in first trimester.
- e. Tetracycline is the drug of choice in treatment.

**Answer:**

**72. As regards administration of anti D antibodies, choose the correct statement:**

- a. Should be given to Rh -ve females with previous sensitization.
- b. Should not be given during pregnancy.
- c. Should be given if the mother and newly born are Rh -ve.
- d. Should be given if the mother is Rh +ve and father is Rh -ve.
- e. Un-sensitized Rh -ve mother delivering Rh +ve baby.

**Answer:**

**73. The following may cause intrauterine death of the fetus except:**

- a. Diabetes mellitus.
- b. Respiratory distress syndrome (RDS).
- c. Hydrops fetalis.
- d. Congenital fetal abnormalities.
- e. Syphilis.

**Answer:**

**74. Primigravida, 24-years-old, in labor for 16 hours and the cervix is arrested at 9 cm for 3 hours, position is ROP, station 0 and molded. There are fetal late decelerations over the last 30 minutes. Delivery is BEST by:**

- a. Forceps rotation and then traction.
- b. Ventouse (vacuum) extraction.
- c. Craniotomy then forceps.
- d. Lower segment cesarean section (LSCS).
- e. Upper segment cesarean section (USCS).

**Answer:**

**75. The association of diabetes in pregnancy increases the risk of the following clinical conditions except:**

- a. Cesarean section.
- b. Malpresentation.
- c. Congenital malformations.
- d. Unexplained still births.
- e. Twin pregnancy.

**Answer:**

**76. Which ONE of the following is true with regard to pubertal development.**

- a. Pregnancy Is not possible until regular menstruation occurs
- b. Adrenarche Is not the beginning of breast development.
- c. Menarche, or onset of menstruation, is the second manifestation of puberty in the occurs
- d. Development of a menstrual cycle Is dependent upon GnRH pulses increasing in amplitude

and frequency.

- e. None of the above.

**Answer:**

**77. Physiology of the menstrual cycle. Which ONE of the statements is correct?**

- a. Ovulation follows 48 hours after the LH surge.
- b. This is as a result of 'positive feedback' effect on the hypothalamus and pituitary of estrogen at its maximum.
- c. The corpus luteum produces estradiol.
- d. Withdrawal of endogenous progesterone results in endometrial breakdown and subsequent menstruation.
- e. Average cycle length is 23-38 days.

**Answer:**

**78. In Gynecological examination which ONE of the following is checked?**

- a. General health/appearance of skin
- b. Thyroid
- c. Abdomen and Liver
- d. Rectal digital examination
- e. Cervical/vaginal visual inspection (speculum)

**Answer:**

**79. Ovarian hyperstimulation syndrome: Choose best ONE statement**

- a. Commoner in patients with PCOS.
- b. Includes electrolytes imbalance with renal enlargement.
- c. Surgical interference is the main line of treatment.
- d. Withholding GnRH administration is a good prophylactic regimen in risky patients.
- e. Hospitalization is a must.

**Answer:**

**80. Which value in the semen analysis indicates abnormal semen quality?**

- a. Density of 40 million/mL
- b. Motility of 60% or less
- c. Volume of less than 2 mL
- d. Abnormal forms with an incidence of 40%
- e. Liquefaction complete in 30 minutes

**Answer:**

**81. Referring to benign conditions of the uterus, identify the ONE TRUE statement below**

- a. Adenomyosis is the presence of myometrium within the endometrium.
- b. Amenorrhoea is a common symptom of adenomyosis.
- c. Endometritis may occur secondary to STI, as a complication of surgery, including caesarean section and intrauterine surgery, or related to foreign tissue, i.e. IUD.
- d. Intrauterine polyps are common in women aged 40-50 years and when estrogen levels are low.
- e. Outflow obstruction may lead to accumulation of menstrual blood in the uterus. This is known as haematometra.

**Answer:**

**82. Regarding the anatomy and function of the cervix, which ONE of the following statements is true:**

- a. The uterosacral ligaments attach the cervix laterally to the pelvic sidewalls.
- b. The endocervix, continuous with the vagina, is lined by squamous epithelium.
- c. The lower pH of the vagina causes the exposed area of the columnar epithelium approaching "the squamo-columnar junction" to undergo dysplasia to squamous epithelium, producing a "transformation zone".
- d. The cervix is supplied by upper vaginal branches and the umbilical artery.
- e. None of the above.

**Answer:**

**83. Tubal patency may properly be demonstrated by which one of the following:**

- a. Air insufflation.
- b. Laparoscopy and toluidine-blue dye insufflation.
- c. Hysteroscopy.
- d. Computerized tomography (CT) scan.
- e. Hysterosalpingography using oil-based or water-based iodine dye.

**Answer:**

**84. As regards cervical factor of infertility:**

- a. Artificial insemination is not a good treatment choice so long as immune etiology is present.
- b. It is common in cases with secondary infertility.
- c. Assessment of cervical mucus is done on day 18 of the cycle.
- d. Clomiphene citrate therapy could be a cause.
- e. Immune factors are very rare causes.

**Answer:**

**85. Stress incontinence of urine:**

- a. Is more common in nulliparous patients.
- b. Can be controlled by para-vesical pressure during vaginal examination.
- c. Can be differentiated from urge incontinence by means of a hysteroqram.
- d. Should be investigated by cystoscopy prior to surgery.
- e. Maybe a transient problem after delivery.

**Answer:**

**86. Incontinence of urine:**

- a. Is commonly caused by prolapse.
- b. Maybe caused by diabetes mellitus.
- c. Maybe due to overflow incontinence in multiple sclerosis.
- d. Congenital cause is unknown.
- e. Is best treated surgically if detrusor instability is the cause.

**Answer:**

**87. The most likely cause of abnormal uterine bleeding in a 14-years-old girl is:**

- a. Uterine carcinoma.
- b. Ectopic pregnancy.
- c. Anovulation.
- d. Systemic bleeding diathesis.
- e. Trauma.

**Answer:**

**88. Investigations for vesicovaginal fistulae include:**

- a. Otoscopy.
- b. Laparoscopy.
- c. MRI.
- d. Evan blue test.
- e. Ultrasound.

**Answer:**

**89. The followings are high risk factors for cancer cervix:**

- a. Deep dyspareunia.
- b. Beginning of sexual intercourse at early age.
- c. Use of contraception pills.
- d. Herpes virus infection.
- e. Trichomonas infection.

**Answer:**

**90. Stage I carcinoma of the endometrium:**

- a. Is best managed by vaginal hysterectomy
- b. Is confined to the cervix
- c. Will have spread to the lymph nodes in approximately 50% of patients
- d. Is the commonest stage at the time of diagnosis
- e. Should be treated with surgery alone

**Answer:**

**91. Endometrial carcinoma is characterized by the following:**

- a. It carries a bad prognosis due to late detection.
- b. Radiological treatment is the rule.
- c. Most cases are poorly differentiated adenocarcinoma.
- d. Blood spread is earlier finding
- e. Postmenopausal bleeding Is the commonest symptom.

**Answer:**

**92. A 48-year-old married woman presents with heavy period 8 months duration. Her periods are increasingly heavy. Differential diagnosis of this case include all EXCEPT:**

- a. Dysfunctional uterine bleeding
- b. Uterine fibroid
- c. Endometrial polyp
- d. Adenomyosis
- e. Ectopic pregnancy.

**Answer:**

**93. The following facts about HPV are true EXCEPT:**

- a. The majority of genital warts are caused by human papilloma virus types 6 and 11.
- b. Only HPV types 6 and 11 have been linked to the development of cervical cancer
- c. HPV warts may be treated with cryotherapy or podophyllin
- d. Infection may last for many years with relapses at any time
- e. HPV is a DNA virus

**Answer:**

**94. HIV infection:**

- a. The Incidence of HIV worldwide is now leveling off
- b. Infected individuals show symptoms within 10 years
- c. The principal mode of spread is vaginal intercourse
- d. Anti-retroviral therapy is not effective in reducing hospitalization or improving life expectancy
- e. Genital warts, cervical and vulval intra-epithelial neoplasia are common presentations

**Answer:**

**95. In women with syphilis:**

- a. The incubation period may be as long as 3 months
- b. A chancre is seen in most cases
- c. In +ve VDRL test, the Treponema pallidum haemagglutination (TPHA) will be negative
- d. Local paralysis of the Insane may result
- e. Amikacin Is usually used for treatment

**Answer:**

**96. Dysmenorrhoea: Which one is correct?**

- a. Dysmenorrhoea is painful intercourse
- b. Secondary dysmenorrhoea Is due to urine tract infection.
- c. Primary dysmenorrhoea pain normally goes following pregnancy and delivery.
- d. Oral contraceptives pills play role.
- e. Investigations aren't required.

**Answer:**

**97. The most common site of endometriosis is**

- a. The pouch of Douglas.
- b. The Intestine
- c. The anterior surface of the uterus
- d. The broad ligament
- e. The upper peritoneum

**Answer:**

**98. The most frequent symptom of endometriosis**

- a. Infertility
- b. Pain
- c. Backache
- d. Dyspareunia
- e. All the above

**Answer:**

**99. A patient known to have an ovarian tumour suddenly reports abdominal pain, vomiting and rapid pulse. Which is the most likely cause.**

- a. Appendicitis.
- b. Colitis.
- c. Malignancy.
- d. Torsion of the ovary
- e. Menorrhagia

**Answer:**

**100. Gonorrhoea, which ONE is correct?:**

- a. Infects vaginal epithelium
- b. May cause arthritis
- c. Is usually associated with severe symptoms
- d. Is reliably diagnosed by a serological test
- e. Crosses the placenta

**Answer:**

**101. The following is not a cause of secondary amenorrhea.**

- a. Polycystic ovarian syndrome.
- b. Sheehan's syndrome
- c. Uterine fibroid
- d. Hypoestrogenic state.
- e. Hypothyroidism

**Answer:**

**102. Chlamydial infection is characterized by all of the following EXCEPT:**

- a. The most common cause of sexually transmitted diseases (STD)
- b. Caused by an intracellular organism
- c. Silent in over 50% of cases
- d. Sensitive to metronidazole
- e. A possible cause of pneumonia in infants

**Answer:**

**103. PID Which is not true?**

- a. Infection of the lower and upper genital tract.
- b. Cervicitis is included in the syndrome.
- c. Bacteroides are widely implicated.
- d. Chlamydia trachomatis is very common.
- e. Can be caught from a pool

**Answer:**

**104. Organism responsible for salpingitis.**

- a. Mycoplasma.
- b. Mycobacterium tuberculosis.
- c. Escherichia coli.
- d. Actinomyces.
- e. None of the above.

**Answer:**

**105. Imperforate hymen might present with all of the following EXCEPT:**

- a. Primary amenorrhea.
- b. Cyclic menstrual manifestations.
- c. Acute retention of urine.
- d. Abdominal mass.
- e. Hypomenorrhea.

**Answer:**

**106. In complete true precocious puberty:**

- a. Occurrence of pregnancy is possible.
- b. There is no hypothalamic activity.
- c. Pituitary gonadotropins are very low.
- d. Ovarian follicles are scanty with thickened ovarian tunica.
- e. Estrogen treatment is usually used despite young age of the patients.

**Answer:**

**107. In complete androgen insensitivity syndrome:**

- a. The chromosome status is XXY
- b. The neonate has a female phenotype
- c. The patient adopts a male role and appearance
- d. Breasts are absent
- e. The voice is like male pitch

**Answer:**

**108. Pelvic organ prolapse:**

- a. Commonly associated to collagen disease.
- b. Mostly treated surgically.
- c. Sims position commonly used for examination.
- d. Multiparity is a risk factor
- e. All of the above.

**Answer:**

**109. About menopause:**

- a. Anxiety, irritability, fatigue, depression, hot flashes and insomnia are typical complaints
- b. Low dose estrogen replacement is contraindicated in chronic liver impairment, estrogen dependent tumours and active thromboembolism
- c. Estrogen replacement can be given orally or transdermal administration
- d. All of the above are true
- e. Only (b) above are true

**Answer:**

**110. About pelvic inflammatory disease:**

- a. Is a polymicrobial infection
- b. Chlamydia causes Fitz-Hugh Curtis syndrome.
- c. N. Gonorrhoea is the commonest causative agent of pelvic abscesses
- d. B. Fragilis is commonly involved.
- e. CA-125 is commonly elevated.



**Answer:**

**111. A 33-year-old patient has been diagnosed as having adenomyosis. Which ONE of the following symptoms is most consistent with this diagnosis?**

- a. Dysuria
- b. Menorrhagia
- c. Galactorrhea
- d. Mood swings
- e. Infertility

**Answer:**

**112. A 45-year-old patient complained of excessive uterine bleeding. On pelvic examination uterine leiomyomata were found. Which ONE of the following should be the next step in the management of this patient?**

- a. Pap smear
- b. Hysterosalpingoaraphy
- c. Start treatment with NSAIDs
- d. Ultrasonography
- e. Hysterectomy

**Answer:**

**113. A 14 years old girl was seen in the gynecological clinic. Reported heavy vaginal bleeding lasting 12 days. LNMP - 15 days ago**

- a. Dysfunctional uterine bleeding can be the diagnosis
- b. Anovulation due to abnormal neuroendocrine function is most common cause
- c. High doses of progestin intravenously or orally are administered
- d. All of the above are true.
- e. None of the above are true

**Answer:**

**114. The following are true about uterine fibroids.**

- a. Treated only by surgery.
- b. Red degeneration more common in post menopause.
- c. Hyaline degeneration is a possible complication.
- d. Medical treatment has no benefits.
- e. Cannot be treated by endoscopic surgery.

**Answer:**

**115. Puberty:**

- a. Is preceded by decreasing pulses of follicle-stimulating hormone (FSH)
- b. Breast development precedes the growth spurt
- c. Starts with a growth spurt
- d. Menarche occurs between 15 and 17 years of age
- e. Menstrual cycles at menarche are usually regular

**Answer:**

**116. The following statements about Trichomonas vaginalis are correct EXCEPT:**

- a. Trichomonas vaginalis (TV) may be a sexually transmitted disease.
- b. Most patients, having TV, have symptoms.
- c. The disease may cause vulval itching.

- d. Unlike bacterial vaginosis, metronidazole is an ineffective therapy.
- e. It may cause an offensive vaginal discharge.

**Answer:**

**117. The following substances may be secreted by ovarian tumours EXCEPT:**

- a. Thyroid-stimulating hormone (TSH).
- b. Estradiol.
- c. Testosterone.
- d. Chorionic gonadotropin.
- e. Alfa fetoprotein.

**Answer:**

**118. Which of the following is the best treatment for a suspected dermoid cyst found in an 18-year-old nulliparous woman?**

- a. Total abdominal hysterectomy
- b. Unilateral salpingo-oophorectomy
- c. Ovarian cystectomy
- d. Observation
- e. 3 months of combined oral contraception

**Answer:**

**119. All the following are health benefits of combined oral contraceptive pills EXCEPT:**

- a. Decrease endometriosis symptoms
- b. Endometrial carcinoma protection
- c. Protection against cervical cancer
- d. Protection against surface ovarian tumors
- e. Treatment of benign breast lesions

**Answer:**

**120. All of the following statements regarding the copper IUCD are correct EXCEPT:**

- a. It is contraindicated in women with irregular uterine bleeding.
- b. It is associated with an increased risk of ectopic pregnancy.
- c. It reduces the number of sperm reaching the fallopian tube and their capacity to fertilize the egg.
- d. Effective in 92% of women
- e. Causes amenorrhoea

**Answer:**

**121. Epithelial ovarian tumours:**

- a. Endometrioid cystadenoma is the commonest variety
- b. Malignant variety occurs mainly in women under 40 years of age.
- c. Cystadenomas of the mucinous variety are the largest.
- d. Endometrioid tumors are usually benign.
- e. Brenner tumours usually turn malignant.

**Answer:**

**122. A 21-year-old girl requests contraception for at least 2 years. She will get married after 2 months. What is the most appropriate option?**

- a. Combined oral contraception.
- b. Implanon.
- c. Male condoms with a natural method.
- d. Minipill.
- e. Spermicides.

**Answer:**

**123. Methods of induction of labor includes all the following EXCEPT**

- a. Prostaglandin vaginal tablets
- b. Oxytocin drip
- c. Amniotomy
- d. Oral anti-progesterone
- e. Amniotomy followed by oxytocin drip

**Answer:**

**124. Complications of surgical vaginal evacuation includes all of the following EXCEPT**

- a. Introduction of infection
- b. Uterine perforation
- c. Asherman syndrome
- d. Hyperactive uterine action
- e. Cervical lacerations

**Answer:**

**125. The success rate of IVF/ICSI cycles depend upon these factors EXCEPT**

- a. Wife's Age
- b. Husband's age
- c. Quality of oocytes retrieved
- d. Quality of embryos transferred
- e. Quality of endometrium

**Answer:**

**126. The following represents the steps performed in IVF EXCEPT**

- a. Ovarian stimulation
- b. Ovulation monitoring
- c. Oocyte retrieval
- d. Oocyte division
- e. Embryo transfer.

**Answer:**

**127. Regarding hyperprolactinemia, all of the following are TRUE Except:**

- a. Usually causes white milky breast discharge.
- b. Should be suspected in young girl with galactorrhea
- c. Stress Increases levels of prolactin
- d. Metoclopramide raises serum prolactin level
- e. Treated with oral contraceptives

**Answer:**

**128. Regarding infections of the vulva and vagina, which of the following is false?**

- a. Vaginal lactobacillus is a normal finding.
- b. Candida albicans is the most common cause of vaginal infection, found in up to 20% of women, often without symptoms.
- c. Overgrowth of lactobacilli leads to bacterial vaginosis (BV)
- d. Infection and discharge in children is often related to a foreign body.
- e. HPV is the most common cause

**Answer:**

**129. Which one is NOT a Common cause of vaginal discharge? :**

- a. Trichomonas
- b. Candidiasis
- c. Bacterial vaginosis
- d. Bartholin cyst
- e. Cervical eversion and ectropion

**Answer:**

**130. The risk factors of endometrial adenocarcinoma include the following EXCEPT:**

- a. Diabetes mellitus.
- b. Postmenopausal state.
- c. Multiple sexual partners.
- d. BMI > 30kg/m<sup>2</sup>.
- e. Unopposed estrogenic states.

**Answer:**

**131. Treatment options for vaginal prolapse include:**

- a. Do nothing
- b. Physiotherapy
- c. Topical steroids
- d. Ring or shelf pessary
- e. Tension-free vaginal tape

**Answer:**

**132. The causes of uterovaginal prolapse includes which one of these:**

- a. Weight reduction
- b. Physiotherapy/pelvic floor exercises
- c. Bladder infection
- d. Pelvic mass which may be contributing to the prolapse
- e. Estrogen replacement in menopausal women

**Answer:**

**133. In a normal human menstrual cycle the corpus luteum does which of the following:**

- a. Secretes estrogen.
- b. Secretes human chorionic gonadotrophin
- c. Remains active for 4 weeks
- d. Secretes Testosterone
- e. Secretes progesterone

**Answer:**

**134. The clinical findings of imperforate hymen include all of the following except:**

- a. Cryptomenorrhea.
- b. Hematometra.
- c. Hirsutism.
- d. Pelvic abdominal swelling.
- e. Retention of urine

**Answer:**

**135. Which of the following is the most appropriate and accurate test to confirm the diagnosis of Asherman syndrome?**

- a. Antinuclear Antibody Assay
- b. Hysteroscopy
- c. Lupus Anticoagulant Assay
- d. Ultrasonography
- e. MRI

**Answer:**

**136. Dysfunctional uterine bleeding (DUB) is frequently associated with**

- a. Anovulation
- b. Cervicitis
- c. Endometrial polyps
- d. Systemic lupus erythematosus
- e. Von Willebrand's disease

**Answer:**

**137. Ashermann syndrome is characterized by the following except:**

- a. Amenorrhea
- b. Dysmenorrhea
- c. Galactorrhea
- d. infertility
- e. Oligohypomenorrhea

**Answer:**

**138. Causes of primary amenorrhea include:**

- a. Asherman Syndrome
- b. Empty sella syndrome
- c. Menopause
- d. Pregnancy
- e. Transverse vaginal septum

**Answer:**

**139. In polycystic ovarian diseases, all of the following are seen except**

- a. Hirsutism
- b. Increased LH/ FSH
- c. Insulin resistance.
- d. Streak ovaries
- e. Obesity

**Answer:**

**140. ONE of the following is correct about the ovarian ligaments:**

- a. Are attached laterally to pelvic wall.
- b. Are homologous to part of the gubernaculum testis in the male
- c. Are ovarian arteries
- d. Contain Ureters
- e. Lie anterior to the broad ligament.

**Answer:**

**141. Premature menopause is associated with the following EXCEPT one**

- a. A positive family history
- b. Chromosomal abnormalities
- c. Pernicious anemia
- d. Polycystic ovarian syndrome
- e. Radiotherapy

**Answer:**

**142. The Following statements about the lower part of the uterus are correct:**

- a. A parous external os is slit-shaped
- b. Peritoneum passes to cover the upper part of vagina posteriorly.
- c. The isthmus is a part of the cervix
- d. The squamo-columnar junction is found always at the external os
- e. The uterine artery passes inferior to the ureter

**Answer:**

**143. Facts about Clomiphene citrate include the following EXCEPT**

- a. Has an anti-estrogenic property
- b. Is useful in primary ovarian failure
- c. May be started with a 50mg dose daily
- d. May cause cervical mucus hostility
- e. May result in multiple pregnancy is a side effect of its use

**Answer:**

**144. Regarding Uretero-vaginal fistula one of the following is not correct**

- a. A ureteric catheter cannot be passed on the affected side
- b. Cystoscopy shows intact bladder.
- c. The majority of cases are congenital
- d. The parametrium is a common site of Ureteric injury.
- e. The patient usually complains of partial incontinence

**Answer:**

**145. Treatment of dysfunctional uterine bleeding may include the following EXCEPT one:**

- a. Danazol
- b. GnRH analogues
- c. Hysterectomy
- d. Myomectomy
- e. Progestins

**Answer:**

**146. Bicornuate uterus might predispose to except**

- a. Menorrhagia
- b. Primary amenorrhea
- c. Recurrent oblique lie
- d. Recurrent preterm labor
- e. Retention of the placenta after delivery

**Answer:**

**147. In a woman presenting with postmenopausal bleeding which is correct?**

- a. Most common cause is atrophic vaginitis
- b. Can be due to urine tract infection
- c. Hysteroscopy is not needed.
- d. Sonography is not needed
- e. The most common cause of bleeding is endometrial cancer

**Answer:**

**148. Peripheral conversion of androstenedione results in the formation of:**

- a. Dehydroepiandrosterone.
- b. Estradiol
- c. Estriol
- d. Estrone
- e. Progesterone

**Answer:**

**149. Regarding cervical polyps which of the following is correct?**

- a. Cervical polyps are common in adolescents.
- b. Do not cause post coital bleeding.
- c. The most common type is mucous polyps
- d. They are usually pre-cancerous,
- e. Usually they arise from the endometrium.

**Answer:**

**150. Patient presenting with severe vaginal itchiness and white discharge with fishy odor. What is the most likely diagnosis?**

- a. Chlamydia trachomatis
- b. Trichomonas
- c. Candidiasis
- d. Bacterial Vaginosis
- e. None of the above

**Answer:**

---